

COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10		----- MONTHLY AVERAGE -----		
2,069 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@TOTAL, ALL PROVIDERS	1,465	15,648	\$ 475,926.79	\$ 30.41	7.563	\$ 324.86	\$ 230.03		
@PHYSICIANS SERVICES	252	683	\$ 8,769.46	\$ 12.84	.330	\$ 34.80	\$ 4.24		
OUTPATIENT VISITS	2	3	130.90	43.63	.001	65.45	.06		
OFFICE VISITS	2	3	130.90	43.63	.001	65.45	.06		
HOME VISITS	0	0	.00	.00	.000	.00	.00		
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00		
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00		
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00		
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00		
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00		
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00		
CRITICAL CARE	0	0	.00	.00	.000	.00	.00		
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00		
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00		
EXAMINATIONS	0	0	.00	.00	.000	.00	.00		
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00		
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00		
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00		
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00		
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00		
DIALYSIS	0	0	.00	.00	.000	.00	.00		
PATHOLOGY	0	0	.00	.00	.000	.00	.00		
RADIOLOGY	1	1	32.89	32.89	.000	32.89	.02		
PSYCHIATRY	0	0	.00	.00	.000	.00	.00		
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES/ALL X-OVERS	250	679	8,605.67	12.67	.328	34.42	4.16		
@PHARMACY	1,286	8,667	\$ 326,160.31	\$ 37.63	4.189	\$ 253.62	\$ 157.64		
PRESCRIPTION DRUGS	1,270	4,448	315,367.59	70.90	2.150	248.32	152.43		
SNF/ICF	9	38	1,180.01	31.05	.018	131.11	.57		
OUTPATIENTS	1,263	4,410	314,187.58	71.24	2.131	248.76	151.85		
MEDICAL SUPPLIES	106	4,219	10,792.72	2.56	2.039	101.82	5.22		
@DENTIST	41	168	\$ 8,605.00	\$ 51.22	.081	\$ 209.88	\$ 4.16		
VISITS - DIAGNOSTIC	30	108	1,402.00	12.98	.052	46.73	.68		
ORAL SURGERY	4	16	716.00	44.75	.008	179.00	.35		
DRUGS	0	0	.00	.00	.000	.00	.00		
ANESTHESIA	0	0	.00	.00	.000	.00	.00		
PERIODONTICS	2	2	110.00	55.00	.001	55.00	.05		
ENDODONTICS	2	2	590.00	295.00	.001	295.00	.29		
RESTORATIVE DENTISTRY	13	26	2,652.00	102.00	.013	204.00	1.28		
PROSTHETICS	0	0	.00	.00	.000	.00	.00		
DENTURES, STAYPLATES	7	14	3,135.00	223.93	.007	447.86	1.52		
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00		
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00		
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00		
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00		
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00		

COLUSA COUNTY		SUMMARY OF SERVICES FOR CASH GRANT - AGED				AID CODE 10			
2,069 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	33	78	\$	1,297.60	\$ 16.64	.038	\$ 39.32	\$.63	
DIAGNOSTIC AND ANC. PROCED	5	5		158.50	31.70	.002	31.70	.08	
EYE APPLIANCES	25	66		1,071.33	16.23	.032	42.85	.52	
OTHER OPTOMETRIC SERVICES	3	7		67.77	9.68	.003	22.59	.03	
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
@PODIATRIST	52	56	\$	516.91	\$ 9.23	.027	\$ 9.94	\$.25	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00	
OTHER	52	56		516.91	9.23	.027	9.94	.25	
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	9	\$	23.57	\$ 2.62	.004	\$ 23.57	\$.01	
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	296	1,219	\$	60,120.26	\$ 49.32	.589	\$ 203.11	\$ 29.06	
HOSP INPATIENT TOTAL	29	147		46,897.72	319.03	.071	1617.16	22.67	
HSC HOSPITALS	1	2		1,773.89	886.95	.001	1773.89	.86	
NON-HSC HOSPITAL TOTAL	3	23		24,789.78	1077.82	.011	8263.26	11.98	
ACCOMMODATIONS	2	23		12,680.77	551.34	.011	6340.39	6.13	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	2	23		12,680.77	551.34	.011	6340.39	6.13	
ANCILLARIES	3	0		12,109.01	.00	.000	4036.34	5.85	
INPATIENT CROSSOVERS	25	122		20,334.05	166.67	.059	813.36	9.83	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	281	1,072		13,222.54	12.33	.518	47.06	6.39	
MEDICAL	2	3		100.70	33.57	.001	50.35	.05	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	1	2		34.90	17.45	.001	34.90	.02	
ROOM USE	1	1		31.93	31.93	.000	31.93	.02	
CROSSOVERS/ALL OTH OUTPTNT	279	1,066		13,055.01	12.25	.515	46.79	6.31	
@COUNTY HOSPITAL TOTAL	1	2	\$	1,773.89	\$ 886.95	.001	\$ 1773.89	\$.86	
CO HOSPITAL INPATIENT TOTAL	1	2		1,773.89	886.95	.001	1773.89	.86	
HSC HOSPITALS	1	2		1,773.89	886.95	.001	1773.89	.86	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,523
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - AGED						AID CODE 10
----- MONTHLY AVERAGE -----							
2,069 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	295	1,217	\$ 58,346.37	\$ 47.94	.588	\$ 197.78	\$ 28.20
COMM HOSP INPATIENT TOTAL	28	145	45,123.83	311.20	.070	1611.57	21.81
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	3	23	24,789.78	1077.82	.011	8263.26	11.98
ACCOMMODATIONS	2	23	12,680.77	551.34	.011	6340.39	6.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	23	12,680.77	551.34	.011	6340.39	6.13
ANCILLARIES	3	0	12,109.01	.00	.000	4036.34	5.85
INPATIENT CROSSOVERS	25	122	20,334.05	166.67	.059	813.36	9.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	281	1,072	13,222.54	12.33	.518	47.06	6.39
MEDICAL	2	3	100.70	33.57	.001	50.35	.05
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	34.90	17.45	.001	34.90	.02
ROOM USE	1	1	31.93	31.93	.000	31.93	.02
CROSSOVERS/ALL OTH OUTPTNT	279	1,066	13,055.01	12.25	.515	46.79	6.31
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	220	\$ 24,153.63	\$ 109.79	.106	\$ 3450.52	\$ 11.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	220	24,153.63	109.79	.106	3450.52	11.67
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	18	\$ 6,041.92	\$ 335.66	.009	\$ 431.57	\$ 2.92
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	18	6,041.92	335.66	.009	431.57	2.92
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	6	\$ 60.35	\$ 10.06	.003	\$ 30.18	\$.03
PATHOLOGY	1	4	33.58	8.40	.002	33.58	.02
XO AND OTHERS	1	2	26.77	13.39	.001	26.77	.01
@ORGANIZED OUTPATIENT CLINIC	243	361	\$ 14,942.77	\$ 41.39	.174	\$ 61.49	\$ 7.22
CLINIC	1	3	31.54	10.51	.001	31.54	.02
SURGICENTER	4	4	767.12	191.78	.002	191.78	.37
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	240	354	14,144.11	39.96	.171	58.93	6.84
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,524

2,069 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	196	4,163	\$ 25,235.01	\$ 6.06	2.012	\$ 128.75	\$ 12.20
DURABLE MED. EQUIP.	5	6	525.54	87.59	.003	105.11	.25
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	7	1,546.37	220.91	.003	220.91	.75
MEDICAL TRANSPORTATION	21	1,873	9,645.12	5.15	.905	459.29	4.66
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	11	1,765	8,030.94	4.55	.853	730.09	3.88
OTHER SERVICES	10	108	1,614.18	14.95	.052	161.42	.78
ACUPUNCTURE	1	2	43.25	21.63	.001	43.25	.02
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	38	1,705.00	44.87	.018	426.25	.82
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	40	92	1,297.18	14.10	.044	32.43	.63
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	266.30	44.38	.003	88.77	.13
PROSTHETICS	3	6	266.30	44.38	.003	88.77	.13
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	113.25	18.88	.003	28.31	.05
HOSPICE SERVICES	1	1	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	117	2,132	10,093.00	4.73	1.030	86.26	4.88
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	608	3,166	\$ 61,829.41	\$ 19.53	1.530	\$ 101.69	\$ 29.88

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,525

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - BLIND

AID CODE 20

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	113	5,221	\$ 73,563.50	\$ 14.09	33.255	\$ 651.00	\$ 468.56
@PHYSICIANS SERVICES	35	102	\$ 6,173.86	\$ 60.53	.650	\$ 176.40	\$ 39.32
OUTPATIENT VISITS	22	36	1,202.65	33.41	.229	54.67	7.66
OFFICE VISITS	20	25	828.04	33.12	.159	41.40	5.27
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	249.65	62.41	.025	83.22	1.59
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	124.96	17.85	.045	20.83	.80
INPATIENT VISITS	4	7	428.90	61.27	.045	107.23	2.73
HOSPITAL VISITS	3	5	248.40	49.68	.032	82.80	1.58
CRITICAL CARE	1	2	180.50	90.25	.013	180.50	1.15

SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5		221.03	44.21	.032	55.26	1.41
EXAMINATIONS	4	5		221.03	44.21	.032	55.26	1.41
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		82.65	82.65	.006	82.65	.53
PRINCIPAL SURGEON	1	1		82.65	82.65	.006	82.65	.53
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	11		2,808.03	255.28	.070	936.01	17.89
PRINCIPAL SURGEON	3	3		2,401.71	800.57	.019	800.57	15.30
ASSISTANT SURGEON	1	1		232.32	232.32	.006	232.32	1.48
ANESTHESIOLOGIST	1	7		174.00	24.86	.045	174.00	1.11
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	4		149.66	37.42	.025	49.89	.95
RADIOLOGY	5	8		392.40	49.05	.051	78.48	2.50
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		13.76	13.76	.006	13.76	.09
OTHER SERVICES/ALL X-OVERS	17	29		874.78	30.16	.185	51.46	5.57
@PHARMACY	105	2,626	\$	42,183.35	\$ 16.06	16.726	\$ 401.75	\$ 268.68
PRESCRIPTION DRUGS	104	444		40,161.56	90.45	2.828	386.17	255.81
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	104	444		40,161.56	90.45	2.828	386.17	255.81
MEDICAL SUPPLIES	14	2,182		2,021.79	.93	13.898	144.41	12.88
@DENTIST	5	26	\$	2,671.00	\$ 102.73	.166	\$ 534.20	\$ 17.01
VISITS - DIAGNOSTIC	2	10		106.00	10.60	.064	53.00	.68
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	2	2		400.00	200.00	.013	200.00	2.55
ENDODONTICS	1	3		645.00	215.00	.019	645.00	4.11
RESTORATIVE DENTISTRY	3	11		1,520.00	138.18	.070	506.67	9.68
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,526
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.019	\$ 53.11	\$.34
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.019	53.11	.34
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	8	\$ 45.02	\$ 5.63	.051	\$ 9.00	\$.29
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	8	45.02	5.63	.051	9.00	.29
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	37	361	\$ 15,949.17	\$ 44.18	2.299	\$ 431.06	\$ 101.59
HOSP INPATIENT TOTAL	2	6	6,420.00	1070.00	.038	3210.00	40.89
HSC HOSPITALS	2	6	6,420.00	1070.00	.038	3210.00	40.89
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	37	355	9,529.17	26.84	2.261	257.55	60.70
MEDICAL	12	53	2,649.36	49.99	.338	220.78	16.87
SURGERY	2	2	125.75	62.88	.013	62.88	.80
PATHOLOGY	22	147	1,562.10	10.63	.936	71.00	9.95
RADIOLOGY	12	38	1,901.80	50.05	.242	158.48	12.11
ROOM USE	24	53	2,223.61	41.95	.338	92.65	14.16
CROSSOVERS/ALL OTH OUTPTNT	23	62	1,066.55	17.20	.395	46.37	6.79
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,527
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	361	\$ 15,949.17	\$ 44.18	2.299	\$ 431.06	\$ 101.59
COMM HOSP INPATIENT TOTAL	2	6	6,420.00	1070.00	.038	3210.00	40.89
HSC HOSPITALS	2	6	6,420.00	1070.00	.038	3210.00	40.89
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	37	355	9,529.17	26.84	2.261	257.55	60.70
MEDICAL	12	53	2,649.36	49.99	.338	220.78	16.87
SURGERY	2	2	125.75	62.88	.013	62.88	.80
PATHOLOGY	22	147	1,562.10	10.63	.936	71.00	9.95
RADIOLOGY	12	38	1,901.80	50.05	.242	158.48	12.11
ROOM USE	24	53	2,223.61	41.95	.338	92.65	14.16
CROSSOVERS/ALL OTH OUTPTNT	23	62	1,066.55	17.20	.395	46.37	6.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ 27.55	\$.00	.000	\$.00	\$.18
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	27.55	.00	.000	.00	.18
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	32	\$ 318.24	\$ 9.95	.204	\$ 45.46	\$ 2.03
PATHOLOGY	7	32	318.24	9.95	.204	45.46	2.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	20	34	\$	2,553.89	\$	75.11	.217	\$	127.69	\$	16.27
CLINIC	1	1		10.00		10.00	.006		10.00		.06
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	33		2,543.89		77.09	.210		133.89		16.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,528
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

157 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	16	2,029	\$ 3,588.31	\$ 1.77	12.924	\$ 224.27	\$ 22.86
DURABLE MED. EQUIP.	2	5	87.25	17.45	.032	43.63	.56
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	88	805.12	9.15	.561	100.64	5.13
AMBULANCES/AIR TRANS	5	40	720.70	18.02	.255	144.14	4.59
OTHER TRANS	1	33	78.45	2.38	.210	78.45	.50
OTHER SERVICES	2	15	5.97	.40	.096	2.99	.04
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	146.34	18.29	.051	48.78	.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	1,928	2,549.60	1.32	12.280	637.40	16.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	2	\$ 61.00	\$ 30.50	.013	\$ 61.00	\$.39
@XOVER EXCLUDING STATE HOSP**	20	56	\$ 434.25	\$ 7.75	.357	\$ 21.71	\$ 2.77

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,529
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED	AID CODE 60

4,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,581	87,383	\$ 2,340,919.18	\$ 26.79	19.783	\$ 653.71	\$ 529.98
@PHYSICIANS SERVICES	951	3,292	\$ 119,939.12	\$ 36.43	.745	\$ 126.12	\$ 27.15
OUTPATIENT VISITS	397	561	19,802.78	35.30	.127	49.88	4.48
OFFICE VISITS	270	361	12,088.96	33.49	.082	44.77	2.74
HOME VISITS	12	17	745.90	43.88	.004	62.16	.17
EMERGENCY ROOM	44	55	3,229.54	58.72	.012	73.40	.73

PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.000	126.31	.03
OTHER OUTPATIENT	97	127		3,612.07	28.44	.029	37.24	.82
INPATIENT VISITS	58	258		14,407.74	55.84	.058	248.41	3.26
HOSPITAL VISITS	54	225		10,637.78	47.28	.051	197.00	2.41
CRITICAL CARE	12	31		3,684.16	118.84	.007	307.01	.83
SNF/ICF/TRANS IP CARE	2	2		85.80	42.90	.000	42.90	.02
OPHTHALMOLOGICAL SERVICES	31	42		1,797.56	42.80	.010	57.99	.41
EXAMINATIONS	31	42		1,797.56	42.80	.010	57.99	.41
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	30	201		15,776.06	78.49	.046	525.87	3.57
PRINCIPAL SURGEON	24	36		12,443.29	345.65	.008	518.47	2.82
ASSISTANT SURGEON	2	2		352.75	176.38	.000	176.38	.08
ANESTHESIOLOGIST	9	163		2,980.02	18.28	.037	331.11	.67
OUTPATIENT SURGERY	61	177		22,408.08	126.60	.040	367.35	5.07
PRINCIPAL SURGEON	55	84		19,864.77	236.49	.019	361.18	4.50
ASSISTANT SURGEON	1	1		244.60	244.60	.000	244.60	.06
ANESTHESIOLOGIST	14	92		2,298.71	24.99	.021	164.19	.52
DIALYSIS	11	90		2,830.02	31.44	.020	257.27	.64
PATHOLOGY	41	112		1,943.30	17.35	.025	47.40	.44
RADIOLOGY	166	311		15,768.25	50.70	.070	94.99	3.57
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	33	39		867.19	22.24	.009	26.28	.20
OTHER SERVICES/ALL X-OVERS	466	1,501		24,338.14	16.21	.340	52.23	5.51
@PHARMACY	3,055	24,994	\$	1,210,179.67	\$ 48.42	5.659	\$ 396.13	\$ 273.98
PRESCRIPTION DRUGS	3,020	13,340		1,178,306.20	88.33	3.020	390.17	266.77
SNF/ICF	25	179		10,499.32	58.66	.041	419.97	2.38
OUTPATIENTS	3,001	13,161		1,167,806.88	88.73	2.980	389.14	264.39
MEDICAL SUPPLIES	281	11,654		31,873.47	2.73	2.638	113.43	7.22
@DENTIST	172	769	\$	38,514.00	\$ 50.08	.174	\$ 223.92	\$ 8.72
VISITS - DIAGNOSTIC	106	452		5,951.00	13.17	.102	56.14	1.35
ORAL SURGERY	26	112		6,418.00	57.30	.025	246.85	1.45
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	6	6		600.00	100.00	.001	100.00	.14
PERIODONTICS	23	24		4,480.00	186.67	.005	194.78	1.01
ENDODONTICS	4	4		735.00	183.75	.001	183.75	.17
RESTORATIVE DENTISTRY	39	107		8,990.00	84.02	.024	230.51	2.04
PROSTHETICS	7	7		170.00	24.29	.002	24.29	.04
DENTURES, STAYPLATES	25	53		10,970.00	206.98	.012	438.80	2.48
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3		125.00	41.67	.001	62.50	.03
ALL OTHER SERVICES	1	1		75.00	75.00	.000	75.00	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,530
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED							
	AID CODE 60							

OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	47	61	\$	1,484.94	\$	24.34	.014	\$ 31.59	\$.34
MEDICINE/INJECTIONS	13	14		501.04		35.79	.003	38.54	.11
SURGERY/ANES.	3	3		39.00		13.00	.001	13.00	.01
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	33	44		944.90		21.48	.010	28.63	.21
@HOME HEALTH AGENCY	40	1,066	\$	44,472.41	\$	41.72	.241	\$ 1111.81	\$ 10.07
NURSE ANESTHESIST	4	39	\$	288.78	\$	7.40	.009	\$ 72.20	\$.07
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$	85.20	\$	28.40	.001	\$ 42.60	\$.02
@TOTAL HOSPITAL	1,038	5,403	\$	527,340.82	\$	97.60	1.223	\$ 508.04	\$ 119.39
HOSP INPATIENT TOTAL	73	368		402,137.30		1092.76	.083	5508.73	91.04
HSC HOSPITALS	19	96		102,828.51		1071.13	.022	5412.03	23.28
NON-HSC HOSPITAL TOTAL	37	161		282,392.57		1753.99	.036	7632.23	63.93
ACCOMMODATIONS	36	161		83,798.09		520.49	.036	2327.72	18.97
ADMINISTRATIVE DAYS	2	10		2,280.49		228.05	.002	1140.25	.52
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	35	151		81,517.60		539.85	.034	2329.07	18.46
ANCILLARIES	37	0		198,594.48		.00	.000	5367.42	44.96
INPATIENT CROSSOVERS	21	111		16,916.22		152.40	.025	805.53	3.83
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,010	5,035		125,203.52		24.87	1.140	123.96	28.35
MEDICAL	178	320		16,336.98		51.05	.072	91.78	3.70
SURGERY	41	54		3,972.53		73.57	.012	96.89	.90
PATHOLOGY	374	1,608		19,677.76		12.24	.364	52.61	4.46
RADIOLOGY	194	445		24,653.86		55.40	.101	127.08	5.58
ROOM USE	316	453		19,444.32		42.92	.103	61.53	4.40
CROSSOVERS/ALL OTH OUTPTNT	547	2,155		41,118.07		19.08	.488	75.17	9.31
@COUNTY HOSPITAL TOTAL	1	3	\$	33.13	\$	11.04	.001	\$ 33.13	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	33.13	11.04	.001	33.13	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	1.04	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	23.21	.00	.000	.00	.01
CROSSOVERS/ALL OTH OUTPTNT	1	3	8.88	2.96	.001	8.88	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,531
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

	4,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,037	5,400	\$	527,307.69	\$ 97.65	1.223	\$ 508.49	\$ 119.38
COMM HOSP INPATIENT TOTAL	73	368		402,137.30	1092.76	.083	5508.73	91.04
HSC HOSPITALS	19	96		102,828.51	1071.13	.022	5412.03	23.28
NON-HSC HOSPITALS TOTAL	37	161		282,392.57	1753.99	.036	7632.23	63.93
ACCOMMODATIONS	36	161		83,798.09	520.49	.036	2327.72	18.97
ADMINISTRATIVE DAYS	2	10		2,280.49	228.05	.002	1140.25	.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	151		81,517.60	539.85	.034	2329.07	18.46
ANCILLARIES	37	0		198,594.48	.00	.000	5367.42	44.96
INPATIENT CROSSOVERS	21	111		16,916.22	152.40	.025	805.53	3.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,009	5,032		125,170.39	24.87	1.139	124.05	28.34
MEDICAL	178	320		16,336.98	51.05	.072	91.78	3.70
SURGERY	41	54		3,972.53	73.57	.012	96.89	.90
PATHOLOGY	374	1,608		19,676.72	12.24	.364	52.61	4.45
RADIOLOGY	194	445		24,653.86	55.40	.101	127.08	5.58
ROOM USE	316	453		19,421.11	42.87	.103	61.46	4.40
CROSSOVERS/ALL OTH OUTPTNT	546	2,152		41,109.19	19.10	.487	75.29	9.31
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	14	465	\$	55,764.46	\$ 119.92	.105	\$ 3983.18	\$ 12.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	14	465		55,764.46	119.92	.105	3983.18	12.62
@INTERMEDIATE CARE FACIL.-DD	12	364	\$	54,297.88	\$ 149.17	.082	\$ 4524.82	\$ 12.29
ICF DDH	12	364		54,297.88	149.17	.082	4524.82	12.29
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	54	983	\$	43,776.26	\$ 44.53	.223	\$ 810.67	\$ 9.91
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	54	983		43,776.26	44.53	.223	810.67	9.91

@REHABILITATION FACILITY	2	16	\$	296.51	\$	18.53	.004	\$	148.26	\$	.07
HOSPITAL BASED	2	16		296.51		18.53	.004		148.26		.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	152	442	\$	7,107.41	\$	16.08	.100	\$	46.76	\$	1.61
PATHOLOGY	149	438		7,086.17		16.18	.099		47.56		1.60
XO AND OTHERS	3	4		21.24		5.31	.001		7.08		.00
@ORGANIZED OUTPATIENT CLINIC	871	1,441	\$	114,738.12	\$	79.62	.326	\$	131.73	\$	25.98
CLINIC	22	44		6,331.03		143.89	.010		287.77		1.43
SURGICENTER	2	3		435.64		145.21	.001		217.82		.10
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	854	1,394		107,971.45		77.45	.316		126.43		24.44
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,532
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR CASH GRANT - DISABLED										AID CODE 60

	4,417 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	707		47,811	\$ 117,848.29	\$ 2.46	10.824	\$ 166.69	\$ 26.68
DURABLE MED. EQUIP.	82		233	20,341.39	87.30	.053	248.07	4.61
BLOOD BANK	0		0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9		16	1,114.41	69.65	.004	123.82	.25
MEDICAL TRANSPORTATION	83		6,273	28,580.67	4.56	1.420	344.35	6.47
AMBULANCES/AIR TRANS	48		350	8,697.08	24.85	.079	181.19	1.97
OTHER TRANS	24		5,577	13,707.15	2.46	1.263	571.13	3.10
OTHER SERVICES	17		346	6,176.44	17.85	.078	363.32	1.40
ACUPUNCTURE	0		0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0		0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0		0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2		7	1,298.35	185.48	.002	649.18	.29
OCCUPATIONAL THERAPIST	0		0	.00	.00	.000	.00	.00
OPTICIAN	105		226	4,264.96	18.87	.051	40.62	.97
PHYSICAL THERAPIST	0		0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0		0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19		54	5,951.84	110.22	.012	313.25	1.35
PROSTHETICS	19		54	5,951.84	110.22	.012	313.25	1.35
ORTHOTICS	0		0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0		0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15		65	2,784.18	42.83	.015	185.61	.63
HOSPICE SERVICES	2		39	5,129.71	131.53	.009	2564.86	1.16
NONINST BIRTHING CENTERS	0		0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	40		6,895	17,452.43	2.53	1.561	436.31	3.95
EPSDT SUPPLEMENTAL SERVICE	0		0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0		0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0		0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	401		34,003	30,930.35	.91	7.698	77.13	7.00
@CALIF. CHILDREN SERVICES*	49		576	\$ 73,902.23	\$ 128.30	.130	\$ 1508.21	\$ 16.73
@XOVER EXCLUDING STATE HOSP**	910		7,592	\$ 104,916.58	\$ 13.82	1.719	\$ 115.29	\$ 23.75

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,533
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G	

	6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	3,450	16,330	\$	769,715.81	\$	47.14	2.350	\$	223.11	\$	110.77
@PHYSICIANS SERVICES	652	1,897	\$	77,924.84	\$	41.08	.273	\$	119.52	\$	11.21
OUTPATIENT VISITS	429	541		18,143.80		33.54	.078		42.29		2.61
OFFICE VISITS	299	368		11,599.00		31.52	.053		38.79		1.67
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	41	42		2,021.42		48.13	.006		49.30		.29
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	18	33		2,446.13		74.13	.005		135.90		.35
OTHER OUTPATIENT	82	98		2,077.25		21.20	.014		25.33		.30
INPATIENT VISITS	32	73		3,847.32		52.70	.011		120.23		.55
HOSPITAL VISITS	32	70		3,157.65		45.11	.010		98.68		.45
CRITICAL CARE	2	3		689.67		229.89	.000		344.84		.10
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	7	8		401.05		50.13	.001		57.29		.06
EXAMINATIONS	7	8		401.05		50.13	.001		57.29		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	35	125		24,789.56		198.32	.018		708.27		3.57
PRINCIPAL SURGEON	27	31		21,639.22		698.04	.004		801.45		3.11
ASSISTANT SURGEON	6	6		1,053.23		175.54	.001		175.54		.15
ANESTHESIOLOGIST	8	88		2,097.11		23.83	.013		262.14		.30
OUTPATIENT SURGERY	85	267		16,687.39		62.50	.038		196.32		2.40
PRINCIPAL SURGEON	68	120		12,897.32		107.48	.017		189.67		1.86
ASSISTANT SURGEON	3	3		514.49		171.50	.000		171.50		.07
ANESTHESIOLOGIST	21	144		3,275.58		22.75	.021		155.98		.47
DIALYSIS	3	38		711.52		18.72	.005		237.17		.10
PATHOLOGY	54	73		1,070.32		14.66	.011		19.82		.15
RADIOLOGY	112	158		6,479.47		41.01	.023		57.85		.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	9	15		159.17		10.61	.002		17.69		.02
OTHER SERVICES/ALL X-OVERS	70	599		5,635.24		9.41	.086		80.50		.81
@PHARMACY	1,700	4,581	\$	162,100.70	\$	35.39	.659	\$	95.35	\$	23.33
PRESCRIPTION DRUGS	1,679	3,483		157,502.00		45.22	.501		93.81		22.67
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,679	3,483		157,502.00		45.22	.501		93.81		22.67
MEDICAL SUPPLIES	49	1,098		4,598.70		4.19	.158		93.85		.66
@DENTIST	221	1,051	\$	38,723.00	\$	36.84	.151	\$	175.22	\$	5.57
VISITS - DIAGNOSTIC	158	606		10,008.00		16.51	.087		63.34		1.44
ORAL SURGERY	36	105		5,732.00		54.59	.015		159.22		.82
DRUGS	9	9		210.00		23.33	.001		23.33		.03
ANESTHESIA	5	5		500.00		100.00	.001		100.00		.07
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.03
ENDODONTICS	20	54		5,017.00		92.91	.008		250.85		.72
RESTORATIVE DENTISTRY	72	231		12,523.00		54.21	.033		173.93		1.80
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	6		1,119.00		186.50	.001		559.50		.16
SPACE MAINTAINERS	8	11		999.00		90.82	.002		124.88		.14
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.17
ORTHODONTIC SERVICES	15	18		1,140.00		63.33	.003		76.00		.16
ALL OTHER SERVICES	3	3		75.00		25.00	.000		25.00		.01

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

PAGE 1,534 01/17/03

6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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----- MONTHLY AVERAGE -----

@OPTOMETRIST	92	225	\$	5,421.29	\$	24.09	.032	\$	58.93	\$.78
DIAGNOSTIC AND ANC. PROCED	67	67		3,072.97		45.87	.010		45.87		.44
EYE APPLIANCES	62	157		2,336.91		14.88	.023		37.69		.34
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000		11.41		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	9	12	\$	581.00	\$	48.42	.002	\$	64.56	\$	.08
MEDICINE/INJECTIONS	8	10		277.20		27.72	.001		34.65		.04
SURGERY/ANES.	1	2		303.80		151.90	.000		303.80		.04
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	15	42	\$	2,712.74	\$	64.59	.006	\$	180.85	\$	.39
NURSE ANESTHESIST	15	87	\$	1,542.80	\$	17.73	.013	\$	102.85	\$	.22
NURSE MIDWIFE	2	2	\$	1,133.92	\$	566.96	.000	\$	566.96	\$	.16
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	832	3,823	\$	265,740.44	\$	69.51	.550	\$	319.40	\$	38.24
HOSP INPATIENT TOTAL	41	140		158,104.09		1129.31	.020		3856.20		22.75
HSC HOSPITALS	5	20		24,662.02		1233.10	.003		4932.40		3.55
NON-HSC HOSPITAL TOTAL	36	120		133,442.07		1112.02	.017		3706.72		19.20
ACCOMMODATIONS	36	120		35,645.60		297.05	.017		990.16		5.13
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	36	120		35,645.60		297.05	.017		990.16		5.13
ANCILLARIES	36	0		97,796.47		.00	.000		2716.57		14.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	817	3,683		107,636.35		29.23	.530		131.75		15.49
MEDICAL	388	498		25,865.18		51.94	.072		66.66		3.72
SURGERY	73	94		6,000.87		63.84	.014		82.20		.86
PATHOLOGY	441	1,171		14,152.54		12.09	.169		32.09		2.04
RADIOLOGY	260	532		20,283.84		38.13	.077		78.01		2.92
ROOM USE	597	742		30,253.95		40.77	.107		50.68		4.35
CROSSOVERS/ALL OTH OUTPTNT	353	646		11,079.97		17.15	.093		31.39		1.59
@COUNTY HOSPITAL TOTAL	4	16	\$	403.34	\$	25.21	.002	\$	100.84	\$	.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	4	16		403.34							

6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	828	3,807	\$ 265,337.10	\$ 69.70	.548	\$ 320.46	\$ 38.18
COMM HOSP INPATIENT TOTAL	41	140	158,104.09	1129.31	.020	3856.20	22.75
HSC HOSPITALS	5	20	24,662.02	1233.10	.003	4932.40	3.55
NON-HSC HOSPITALS TOTAL	36	120	133,442.07	1112.02	.017	3706.72	19.20
ACCOMMODATIONS	36	120	35,645.60	297.05	.017	990.16	5.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	120	35,645.60	297.05	.017	990.16	5.13
ANCILLARIES	36	0	97,796.47	.00	.000	2716.57	14.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	813	3,667	107,233.01	29.24	.528	131.90	15.43
MEDICAL	388	498	25,865.18	51.94	.072	66.66	3.72
SURGERY	73	94	6,000.87	63.84	.014	82.20	.86
PATHOLOGY	440	1,166	14,097.91	12.09	.168	32.04	2.03
RADIOLOGY	259	531	20,259.82	38.15	.076	78.22	2.92
ROOM USE	594	739	30,124.90	40.76	.106	50.72	4.34
CROSSOVERS/ALL OTH OUTPTNT	349	639	10,884.33	17.03	.092	31.19	1.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	232	\$ 7,800.41	\$ 33.62	.033	\$ 1560.08	\$ 1.12
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	232	7,800.41	33.62	.033	1560.08	1.12
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	182	436	\$ 7,213.81	\$ 16.55	.063	\$ 39.64	\$ 1.04
PATHOLOGY	182	436	7,213.81	16.55	.063	39.64	1.04
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,407	2,140	\$ 168,744.57	\$ 78.85	.308	\$ 119.93	\$ 24.28
CLINIC	36	91	2,461.95	27.05	.013	68.39	.35
SURGICENTER	15	112	3,841.38	34.30	.016	256.09	.55
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1,364	1,937	162,441.24	83.86	.279	119.09	23.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
MOP024	FEE-FOR-SERVICE/DENTAL						
COLUSA COUNTY	SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G						

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	6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	271	1,802	\$	30,076.29	\$ 16.69	.259	\$ 110.98	\$ 4.33
DURABLE MED. EQUIP.	12	20		1,294.16	64.71	.003	107.85	.19
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	1		25.00	25.00	.000	25.00	.00
MEDICAL TRANSPORTATION	31	560		13,249.08	23.66	.081	427.39	1.91
AMBULANCES/AIR TRANS	31	555		7,825.36	14.10	.080	252.43	1.13
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	5	5		5,423.72	1084.74	.001	1084.74	.78
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	10		665.40	66.54	.001	665.40	.10
GENETIC DISEASE TESTING	16	16		1,041.00	65.06	.002	65.06	.15
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	77	182		1,736.55	9.54	.026	22.55	.25
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	5		343.65	68.73	.001	114.55	.05
PROSTHETICS	3	5		343.65	68.73	.001	114.55	.05
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2		208.94	104.47	.000	208.94	.03
SPEECH AND AUDIOLOGY	2	4		179.12	44.78	.001	89.56	.03
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	131	1,002		11,333.39	11.31	.144	86.51	1.63
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	167	\$	26,146.51	\$ 156.57	.024	\$ 1376.13	\$ 3.76
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
13,592 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	8,609	124,582	\$	3,660,125.28	\$ 29.38	9.166	\$ 425.15	\$ 269.29	
@PHYSICIANS SERVICES	1,890	5,974	\$	212,807.28	\$ 35.62	.440	\$ 112.60	\$ 15.66	
OUTPATIENT VISITS	850	1,141		39,280.13	34.43	.084	46.21	2.89	
OFFICE VISITS	591	757		24,646.90	32.56	.056	41.70	1.81	
HOME VISITS	12	17		745.90	43.88	.001	62.16	.05	
EMERGENCY ROOM	88	101		5,500.61	54.46	.007	62.51	.40	
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	19	34		2,572.44	75.66	.003	135.39	.19	
OTHER OUTPATIENT	185	232		5,814.28	25.06	.017	31.43	.43	
INPATIENT VISITS	94	338		18,683.96	55.28	.025	198.77	1.37	
HOSPITAL VISITS	89	300		14,043.83	46.81	.022	157.80	1.03	
CRITICAL CARE	15	36		4,554.33	126.51	.003	303.62	.34	
SNF/ICF/TRANS IP CARE	2	2		85.80	42.90	.000	42.90	.01	
OPHTHALMOLOGICAL SERVICES	42	55		2,419.64	43.99	.004	57.61	.18	
EXAMINATIONS	42	55		2,419.64	43.99	.004	57.61	.18	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	66	327		40,648.27	124.31	.024	615.88	2.99	
PRINCIPAL SURGEON	52	68		34,165.16	502.43	.005	657.02	2.51	
ASSISTANT SURGEON	8	8		1,405.98	175.75	.001	175.75	.10	
ANESTHESIOLOGIST	17	251		5,077.13	20.23	.018	298.65	.37	
OUTPATIENT SURGERY	149	455		41,903.50	92.10	.033	281.23	3.08	
PRINCIPAL SURGEON	126	207		35,163.80	169.87	.015	279.08	2.59	
ASSISTANT SURGEON	5	5		991.41	198.28	.000	198.28	.07	
ANESTHESIOLOGIST	36	243		5,748.29	23.66	.018	159.67	.42	
DIALYSIS	14	128		3,541.54	27.67	.009	252.97	.26	
PATHOLOGY	98	189		3,163.28	16.74	.014	32.28	.23	
RADIOLOGY	284	478		22,673.01	47.43	.035	79.83	1.67	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	43	55		1,040.12	18.91	.004	24.19	.08	
OTHER SERVICES/ALL X-OVERS	803	2,808		39,453.83	14.05	.207	49.13	2.90	
@PHARMACY	6,146	40,868	\$	1,740,624.03	\$ 42.59	3.007	\$ 283.21	\$ 128.06	
PRESCRIPTION DRUGS	6,073	21,715		1,691,337.35	77.89	1.598	278.50	124.44	
SNF/ICF	34	217		11,679.33	53.82	.016	343.51	.86	
OUTPATIENTS	6,047	21,498		1,679,658.02	78.13	1.582	277.77	123.58	
MEDICAL SUPPLIES	450	19,153		49,286.68	2.57	1.409	109.53	3.63	
@DENTIST	439	2,014	\$	88,513.00	\$ 43.95	.148	\$ 201.62	\$ 6.51	
VISITS - DIAGNOSTIC	296	1,176		17,467.00	14.85	.087	59.01	1.29	
ORAL SURGERY	66	233		12,866.00	55.22	.017	194.94	.95	
DRUGS	9	9		210.00	23.33	.001	23.33	.02	
ANESTHESIA	11	11		1,100.00	100.00	.001	100.00	.08	
PERIODONTICS	28	29		5,190.00	178.97	.002	185.36	.38	
ENDODONTICS	27	63		6,987.00	110.90	.005	258.78	.51	
RESTORATIVE DENTISTRY	127	375		25,685.00	68.49	.028	202.24	1.89	
PROSTHETICS	8	8		170.00	21.25	.001	21.25	.01	
DENTURES, STAYPLATES	34	73		15,224.00	208.55	.005	447.76	1.12	
SPACE MAINTAINERS	8	11		999.00	90.82	.001	124.88	.07	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	.09	
ORTHODONTIC SERVICES	17	21		1,265.00	60.24	.002	74.41	.09	
ALL OTHER SERVICES	4	4		150.00	37.50	.000	37.50	.01	

13,592 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	213	537	\$ 11,507.15	\$ 21.43	.040	\$ 54.02	\$.85
DIAGNOSTIC AND ANC. PROCED	104	104	4,722.42	45.41	.008	45.41	.35
EYE APPLIANCES	165	419	6,593.89	15.74	.031	39.96	.49
OTHER OPTOMETRIC SERVICES	8	14	190.84	13.63	.001	23.86	.01
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	2	3	50.16	16.72	.000	25.08	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	113	137	\$ 2,627.87	\$ 19.18	.010	\$ 23.26	\$.19
MEDICINE/INJECTIONS	21	24	778.24	32.43	.002	37.06	.06
SURGERY/ANES.	4	5	342.80	68.56	.000	85.70	.03
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	90	108	1,506.83	13.95	.008	16.74	.11
@HOME HEALTH AGENCY	55	1,108	\$ 47,185.15	\$ 42.59	.082	\$ 857.91	\$ 3.47
NURSE ANESTHESIST	20	135	\$ 1,855.15	\$ 13.74	.010	\$ 92.76	\$.14
NURSE MIDWIFE	2	2	\$ 1,133.92	\$ 566.96	.000	\$ 566.96	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	3	\$ 85.20	\$ 28.40	.000	\$ 42.60	\$.01
@TOTAL HOSPITAL	2,203	10,806	\$ 869,150.69	\$ 80.43	.795	\$ 394.53	\$ 63.95
HOSP INPATIENT TOTAL	145	661	613,559.11	928.23	.049	4231.44	45.14
HSC HOSPITALS	27	124	135,684.42	1094.23	.009	5025.35	9.98
NON-HSC HOSPITAL TOTAL	76	304	440,624.42	1449.42	.022	5797.69	32.42
ACCOMMODATIONS	74	304	132,124.46	434.62	.022	1785.47	9.72
ADMINISTRATIVE DAYS	2	10	2,280.49	228.05	.001	1140.25	.17
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	73	294	129,843.97	441.65	.022	1778.68	9.55
ANCILLARIES	76	0	308,499.96	.00	.000	4059.21	22.70
INPATIENT CROSSOVERS	46	233	37,250.27	159.87	.017	809.79	2.74
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,145	10,145	255,591.58	25.19	.746	119.16	18.80
MEDICAL	580	874	44,952.22	51.43	.064	77.50	3.31
SURGERY	116	150	10,099.15	67.33	.011	87.06	.74
PATHOLOGY	837	2,926	35,392.40	12.10	.215	42.28	2.60
RADIOLOGY	467	1,017	46,874.40	46.09	.075	100.37	3.45
ROOM USE	938	1,249	51,953.81	41.60	.092	55.39	3.82
CROSSOVERS/ALL OTH OUTPTNT	1,202	3,929	66,319.60	16.88	.289	55.17	4.88
@COUNTY HOSPITAL TOTAL	6	21	\$ 2,210.36	\$ 105.26	.002	\$ 368.39	\$.16
CO HOSPITAL INPATIENT TOTAL	1	2	1,773.89	886.95	.000	1773.89	.13
HSC HOSPITALS	1	2	1,773.89	886.95	.000	1773.89	.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	5	19	436.47	22.97	.001	87.29	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	55.67	11.13	.000	55.67	.00

RADIOLOGY	1	1	24.02	24.02	.000	24.02	.00
ROOM USE	3	3	152.26	50.75	.000	50.75	.01
CROSSOVERS/ALL OTH OUTPTNT	5	10	204.52	20.45	.001	40.90	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,539
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

	13,592 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,197	10,785	\$	866,940.33	\$ 80.38	.793	\$ 394.60	\$ 63.78
COMM HOSP INPATIENT TOTAL	144	659		611,785.22	928.35	.048	4248.51	45.01
HSC HOSPITALS	26	122		133,910.53	1097.63	.009	5150.41	9.85
NON-HSC HOSPITALS TOTAL	76	304		440,624.42	1449.42	.022	5797.69	32.42
ACCOMMODATIONS	74	304		132,124.46	434.62	.022	1785.47	9.72
ADMINISTRATIVE DAYS	2	10		2,280.49	228.05	.001	1140.25	.17
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	73	294		129,843.97	441.65	.022	1778.68	9.55
ANCILLARIES	76	0		308,499.96	.00	.000	4059.21	22.70
INPATIENT CROSSOVERS	46	233		37,250.27	159.87	.017	809.79	2.74
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,140	10,126		255,155.11	25.20	.745	119.23	18.77
MEDICAL	580	874		44,952.22	51.43	.064	77.50	3.31
SURGERY	116	150		10,099.15	67.33	.011	87.06	.74
PATHOLOGY	836	2,921		35,336.73	12.10	.215	42.27	2.60
RADIOLOGY	466	1,016		46,850.38	46.11	.075	100.54	3.45
ROOM USE	935	1,246		51,801.55	41.57	.092	55.40	3.81
CROSSOVERS/ALL OTH OUTPTNT	1,197	3,919		66,115.08	16.87	.288	55.23	4.86
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	21	685	\$	79,918.09	\$ 116.67	.050	\$ 3805.62	\$ 5.88
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	21	685		79,918.09	116.67	.050	3805.62	5.88
@INTERMEDIATE CARE FACIL.-DD	12	364	\$	54,297.88	\$ 149.17	.027	\$ 4524.82	\$ 3.99
ICF DDH	12	364		54,297.88	149.17	.027	4524.82	3.99
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	73	1,233	\$	57,646.14	\$ 46.75	.091	\$ 789.67	\$ 4.24
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	73	1,233		57,646.14	46.75	.091	789.67	4.24
@REHABILITATION FACILITY	2	16	\$	296.51	\$ 18.53	.001	\$ 148.26	\$.02
HOSPITAL BASED	2	16		296.51	18.53	.001	148.26	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	343	916	\$	14,699.81	\$ 16.05	.067	\$ 42.86	\$ 1.08
PATHOLOGY	339	910		14,651.80	16.10	.067	43.22	1.08
XO AND OTHERS	4	6		48.01	8.00	.000	12.00	.00
@ORGANIZED OUTPATIENT CLINIC	2,541	3,976	\$	300,979.35	\$ 75.70	.293	\$ 118.45	\$ 22.14
CLINIC	60	139		8,834.52	63.56	.010	147.24	.65
SURGICENTER	21	119		5,044.14	42.39	.009	240.20	.37
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2,477	3,718		287,100.69	77.22	.274	115.91	21.12

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,540

13,592 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,190	55,805	\$ 176,747.90	\$ 3.17	4.106	\$ 148.53	\$ 13.00
DURABLE MED. EQUIP.	101	264	22,248.34	84.27	.019	220.28	1.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	24	2,685.78	111.91	.002	157.99	.20
MEDICAL TRANSPORTATION	143	8,794	52,279.99	5.94	.647	365.59	3.85
AMBULANCES/AIR TRANS	84	945	17,243.14	18.25	.070	205.28	1.27
OTHER TRANS	36	7,375	21,816.54	2.96	.543	606.02	1.61
OTHER SERVICES	34	474	13,220.31	27.89	.035	388.83	.97
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	1	10	665.40	66.54	.001	665.40	.05
GENETIC DISEASE TESTING	16	16	1,041.00	65.06	.001	65.06	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	6	45	3,003.35	66.74	.003	500.56	.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	225	508	7,445.03	14.66	.037	33.09	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	25	65	6,561.79	100.95	.005	262.47	.48
PROSTHETICS	25	65	6,561.79	100.95	.005	262.47	.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	208.94	104.47	.000	208.94	.02
SPEECH AND AUDIOLOGY	21	75	3,076.55	41.02	.006	146.50	.23
HOSPICE SERVICES	3	40	5,129.71	128.24	.003	1709.90	.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	175	9,825	31,335.42	3.19	.723	179.06	2.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	518	36,135		41,023.35		1.14	2.659	79.20	3.02
@CALIF. CHILDREN SERVICES*	69	745	\$	100,109.74	\$	134.38	.055	\$ 1450.87	\$ 7.37
@XOVER EXCLUDING STATE HOSP**	1,538	10,814	\$	167,180.24	\$	15.46	.796	\$ 108.70	\$ 12.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,541

MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS

AID CODES 47 69

981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	509	1,864	\$	144,954.50	\$ 77.77	1.900	\$ 284.78	\$ 147.76
@PHYSICIANS SERVICES	212	475	\$	20,465.47	\$ 43.09	.484	\$ 96.54	\$ 20.86
OUTPATIENT VISITS	191	275		7,545.73	27.44	.280	39.51	7.69
OFFICE VISITS	143	199		5,599.58	28.14	.203	39.16	5.71
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	16	19		796.62	41.93	.019	49.79	.81
PREVENTIVE CARE	1	1		45.33	45.33	.001	45.33	.05
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	38	56		1,104.20	19.72	.057	29.06	1.13
INPATIENT VISITS	8	74		9,883.64	133.56	.075	1235.46	10.08
HOSPITAL VISITS	4	11		510.95	46.45	.011	127.74	.52
CRITICAL CARE	5	63		9,372.69	148.77	.064	1874.54	9.55
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	7		323.52	46.22	.007	107.84	.33
EXAMINATIONS	3	7		323.52	46.22	.007	107.84	.33
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		256.89	256.89	.001	256.89	.26
PRINCIPAL SURGEON	1	1		256.89	256.89	.001	256.89	.26
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	5		161.58	32.32	.005	80.79	.16
PRINCIPAL SURGEON	1	1		17.00	17.00	.001	17.00	.02
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		144.58	36.15	.004	144.58	.15
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	22		129.06	5.87	.022	10.76	.13
RADIOLOGY	15	44		817.79	18.59	.045	54.52	.83
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		36.98	12.33	.003	12.33	.04
OTHER SERVICES/ALL X-OVERS	24	44		1,310.28	29.78	.045	54.60	1.34
@PHARMACY	306	623	\$	17,500.05	\$ 28.09	.635	\$ 57.19	\$ 17.84
PRESCRIPTION DRUGS	297	603		17,275.09	28.65	.615	58.17	17.61
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	297	603		17,275.09	28.65	.615	58.17	17.61
MEDICAL SUPPLIES	16	20		224.96	11.25	.020	14.06	.23
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002					PAGE 1,542	
MOP024	FEE-FOR-SERVICE/DENTAL					01/17/03	
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS					AID CODES 47 69	
					----- MONTHLY AVERAGE -----		
981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	4	5	\$ 284.84	\$ 56.97	.005	\$ 71.21	\$.29
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	132	529	\$ 92,469.91	\$ 174.80	.539	\$ 700.53	\$ 94.26
HOSP INPATIENT TOTAL	3	61	79,814.56	1308.44	.062	26604.85	81.36
HSC HOSPITALS	1	55	74,850.00	1360.91	.056	74850.00	76.30
NON-HSC HOSPITAL TOTAL	2	6	4,964.56	827.43	.006	2482.28	5.06
ACCOMMODATIONS	2	6	1,531.20	255.20	.006	765.60	1.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	1,531.20	255.20	.006	765.60	1.56
ANCILLARIES	2	0	3,433.36	.00	.000	1716.68	3.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	130	468	12,655.35	27.04	.477	97.35	12.90
MEDICAL	63	89	3,669.27	41.23	.091	58.24	3.74
SURGERY	2	2	74.05	37.03	.002	37.03	.08
PATHOLOGY	69	110	1,202.55	10.93	.112	17.43	1.23
RADIOLOGY	31	62	1,986.15	32.03	.063	64.07	2.02
ROOM USE	106	138	4,883.81	35.39	.141	46.07	4.98
CROSSOVERS/ALL OTH OUTPTNT	57	67	839.52	12.53	.068	14.73	.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,543
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS						AID CODES 47 69
						----- MONTHLY AVERAGE -----	
981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132	529	\$ 92,469.91	\$ 174.80	.539	\$ 700.53	\$ 94.26
COMM HOSP INPATIENT TOTAL	3	61	79,814.56	1308.44	.062	26604.85	81.36
HSC HOSPITALS	1	55	74,850.00	1360.91	.056	74850.00	76.30
NON-HSC HOSPITALS TOTAL	2	6	4,964.56	827.43	.006	2482.28	5.06
ACCOMMODATIONS	2	6	1,531.20	255.20	.006	765.60	1.56
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	1,531.20	255.20	.006	765.60	1.56
ANCILLARIES	2	0	3,433.36	.00	.000	1716.68	3.50
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	130	468	12,655.35	27.04	.477	97.35	12.90
MEDICAL	63	89	3,669.27	41.23	.091	58.24	3.74
SURGERY	2	2	74.05	37.03	.002	37.03	.08
PATHOLOGY	69	110	1,202.55	10.93	.112	17.43	1.23
RADIOLOGY	31	62	1,986.15	32.03	.063	64.07	2.02
ROOM USE	106	138	4,883.81	35.39	.141	46.07	4.98
CROSSOVERS/ALL OTH OUTPTNT	57	67	839.52	12.53	.068	14.73	.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	55	\$ 481.91	\$ 8.76	.056	\$ 21.91	\$.49
PATHOLOGY	22	55	481.91	8.76	.056	21.91	.49
XO AND OTHERS	0	0	.00	.00	.000	.00	.00

@ORGANIZED OUTPATIENT CLINIC	106	168	\$	13,139.72	\$	78.21	.171	\$	123.96	\$	13.39
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	106	168		13,139.72		78.21	.171		123.96		13.39

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,544
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - INFANTS AID CODES 47 69

981 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	7	9	\$ 612.60	\$ 68.07	.009	\$ 87.51	\$.62
DURABLE MED. EQUIP.	4	4	397.97	99.49	.004	99.49	.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	3	131.63	43.88	.003	131.63	.13
AMBULANCES/AIR TRANS	1	3	131.63	43.88	.003	131.63	.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	83.00	41.50	.002	41.50	.08
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	11	152	\$ 70,712.70	\$ 465.22	.155	\$ 6428.43	\$ 72.08
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,545
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT	AID CODES 44 48 49

1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	734	3,635	\$ 401,901.41	\$ 110.56	2.626	\$ 547.55	\$ 290.39
@PHYSICIANS SERVICES	367	808	\$ 76,049.66	\$ 94.12	.584	\$ 207.22	\$ 54.95
OUTPATIENT VISITS	93	138	9,551.67	69.22	.100	102.71	6.90
OFFICE VISITS	39	47	1,893.14	40.28	.034	48.54	1.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	202.15	50.54	.003	67.38	.15

PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.03
OB VISITS/COMPRE PERI	54	82	7,317.28	89.24	.059	135.51	5.29
OTHER OUTPATIENT	4	4	93.77	23.44	.003	23.44	.07
INPATIENT VISITS	57	123	5,936.34	48.26	.089	104.15	4.29
HOSPITAL VISITS	56	111	4,543.02	40.93	.080	81.13	3.28
CRITICAL CARE	3	12	1,393.32	116.11	.009	464.44	1.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	63	123	51,536.56	419.00	.089	818.04	37.24
PRINCIPAL SURGEON	49	49	47,631.48	972.07	.035	972.07	34.42
ASSISTANT SURGEON	10	9	1,951.06	216.78	.007	195.11	1.41
ANESTHESIOLOGIST	11	65	1,954.02	30.06	.047	177.64	1.41
OUTPATIENT SURGERY	40	62	1,516.37	24.46	.045	37.91	1.10
PRINCIPAL SURGEON	40	62	1,516.37	24.46	.045	37.91	1.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	93	136	1,266.81	9.31	.098	13.62	.92
RADIOLOGY	137	180	4,094.04	22.74	.130	29.88	2.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	56.71	18.90	.002	18.90	.04
OTHER SERVICES/ALL X-OVERS	31	43	2,091.16	48.63	.031	67.46	1.51
@PHARMACY	210	426	\$ 13,313.95	\$ 31.25	.308	\$ 63.40	\$ 9.62
PRESCRIPTION DRUGS	198	385	10,284.73	26.71	.278	51.94	7.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	198	385	10,284.73	26.71	.278	51.94	7.43
MEDICAL SUPPLIES	21	41	3,029.22	73.88	.030	144.25	2.19
@DENTIST	1	1	\$.00	\$.00	.001	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	.00	.00	.001	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,546
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	33	56	\$ 2,640.28	\$ 47.15	.040	\$ 80.01	\$ 1.91
NURSE ANESTHESIST	11	49	\$ 1,323.96	\$ 27.02	.035	\$ 120.36	\$.96
NURSE MIDWIFE	2	2	\$ 2,177.12	\$ 1088.56	.001	\$ 1088.56	\$ 1.57
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	341	1,443	\$ 276,920.62	\$ 191.91	1.043	\$ 812.08	\$ 200.09
HOSP INPATIENT TOTAL	63	222	242,929.81	1094.28	.160	3856.03	175.53
HSC HOSPITALS	6	18	14,845.06	824.73	.013	2474.18	10.73
NON-HSC HOSPITAL TOTAL	58	204	228,084.75	1118.06	.147	3932.50	164.80
ACCOMMODATIONS	57	204	57,577.26	282.24	.147	1010.13	41.60
ADMINISTRATIVE DAYS	0	0	92.34CR	.00	.000	.00	.07CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	57	204	57,669.60	282.69	.147	1011.75	41.67
ANCILLARIES	58	0	170,507.49	.00	.000	2939.78	123.20
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	316	1,221	33,990.81	27.84	.882	107.57	24.56
MEDICAL	26	34	2,173.64	63.93	.025	83.60	1.57
SURGERY	8	8	354.99	44.37	.006	44.37	.26
PATHOLOGY	143	423	4,977.61	11.77	.306	34.81	3.60
RADIOLOGY	128	149	9,639.67	64.70	.108	75.31	6.97
ROOM USE	123	232	8,374.41	36.10	.168	68.08	6.05
CROSSOVERS/ALL OTH OUTPTNT	117	375	8,470.49	22.59	.271	72.40	6.12
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,547
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49

						----- MONTHLY AVERAGE -----		
1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	341	1,443	\$ 276,920.62	\$ 191.91	1.043	\$ 812.08	\$ 200.09	
COMM HOSP INPATIENT TOTAL	63	222	242,929.81	1094.28	.160	3856.03	175.53	
HSC HOSPITALS	6	18	14,845.06	824.73	.013	2474.18	10.73	
NON-HSC HOSPITALS TOTAL	58	204	228,084.75	1118.06	.147	3932.50	164.80	
ACCOMMODATIONS	57	204	57,577.26	282.24	.147	1010.13	41.60	
ADMINISTRATIVE DAYS	0	0	92.34CR	.00	.000	.00	.07CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	57	204	57,669.60	282.69	.147	1011.75	41.67	
ANCILLARIES	58	0	170,507.49	.00	.000	2939.78	123.20	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	316	1,221	33,990.81	27.84	.882	107.57	24.56	
MEDICAL	26	34	2,173.64	63.93	.025	83.60	1.57	
SURGERY	8	8	354.99	44.37	.006	44.37	.26	
PATHOLOGY	143	423	4,977.61	11.77	.306	34.81	3.60	
RADIOLOGY	128	149	9,639.67	64.70	.108	75.31	6.97	
ROOM USE	123	232	8,374.41	36.10	.168	68.08	6.05	
CROSSOVERS/ALL OTH OUTPTNT	117	375	8,470.49	22.59	.271	72.40	6.12	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00	

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	185	494	\$	9,519.37	\$	19.27	.357	\$	51.46	\$	6.88
PATHOLOGY	185	494		9,519.37		19.27	.357		51.46		6.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	123	245	\$	15,386.51	\$	62.80	.177	\$	125.09	\$	11.12
CLINIC	18	106		3,528.69		33.29	.077		196.04		2.55
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	105	139		11,857.82		85.31	.100		112.93		8.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,548
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185% PROGRAM - PREGNANT AID CODES 44 48 49										

						----- MONTHLY AVERAGE -----			
1,384 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@ALL OTHER PROVIDERS	51	111	\$ 4,569.94	\$ 41.17	.080	\$ 89.61	\$ 3.30		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00		
BLOOD BANK	0	0	.00	.00	.000	.00	.00		
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00		
MEDICAL TRANSPORTATION	2	58	441.53	7.61	.042	220.77	.32		
AMBULANCES/AIR TRANS	2	58	441.53	7.61	.042	220.77	.32		
OTHER TRANS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00		
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00		
GENETIC DISEASE TESTING	48	48	3,882.00	80.88	.035	80.88	2.80		
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00		
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00		
OPTICIAN	0	0	.00	.00	.000	.00	.00		
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00		
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00		
PROSTHETIST/ORTHOTISTS	2	5	246.41	49.28	.004	123.21	.18		
PROSTHETICS	2	4	157.72	39.43	.003	78.86	.11		
ORTHOTICS	1	1	88.69	88.69	.001	88.69	.06		
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00		
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00		
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00		
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00		
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00		
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00		
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00		
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00		
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00		
@CALIF. CHILDREN SERVICES*	1	9	\$ 4,590.00	\$ 510.00	.007	\$ 4590.00	\$ 3.32		
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00		

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,549
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM AID CODE 76										

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	10	27	\$	651.57	\$	24.13	1.688	\$	65.16	\$	40.72
@PHYSICIANS SERVICES	2	2	\$	22.19	\$	11.10	.125	\$	11.10	\$	1.39
OUTPATIENT VISITS	1	1		15.80		15.80	.063		15.80		.99
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	1	1		15.80		15.80	.063		15.80		.99
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	1		2.64		2.64	.063		2.64		.17
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		3.75		.00	.000		.00		.23
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	2	2	\$	200.25	\$	100.13	.125	\$	100.13	\$	12.52
PRESCRIPTION DRUGS	2	2		200.25		100.13	.125		100.13		12.52
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	2	2		200.25		100.13	.125		100.13		12.52
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,550

FEE-FOR-SERVICE/DENTAL

01/17/03

SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM

AID CODE 76

----- MONTHLY AVERAGE -----

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	3	16	\$	217.20	\$	13.58	1.000	\$	72.40	\$	13.58
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	16		217.20		13.58	1.000		72.40		13.58
MEDICAL	0	0		12.88		.00	.000		.00		.81
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	2	7		63.90		9.13	.438		31.95		3.99

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.29	35.15	.125	35.15	4.39
CROSSOVERS/ALL OTH OUTPTNT	2	7	70.13	10.02	.438	35.07	4.38
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,551
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	16	\$ 217.20	\$ 13.58	1.000	\$ 72.40	\$ 13.58
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	16	217.20	13.58	1.000	72.40	13.58
MEDICAL	0	0	12.88	.00	.000	.00	.81
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	63.90	9.13	.438	31.95	3.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.29	35.15	.125	35.15	4.39
CROSSOVERS/ALL OTH OUTPTNT	2	7	70.13	10.02	.438	35.07	4.38
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	4	7	\$	209.15	\$	29.88	.438	\$	52.29
PATHOLOGY	4	7		209.15		29.88	.438		52.29
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	2.78	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	0	0		2.78		.00	.000		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,552		
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03		
COLUSA COUNTY	SUMMARY OF SERVICES FOR 60-DAY POST PARTUM PROGRAM						AID CODE 76		

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

						----- MONTHLY AVERAGE -----			
2,381 ELIGIBLES		USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,253	5,526	\$	547,507.48	\$ 99.08	2.321	\$ 436.96	\$ 229.95	
@PHYSICIANS SERVICES	581	1,285	\$	96,537.32	\$ 75.13	.540	\$ 166.16	\$ 40.54	
OUTPATIENT VISITS	285	414		17,113.20	41.34	.174	60.05	7.19	
OFFICE VISITS	182	246		7,492.72	30.46	.103	41.17	3.15	
HOME VISITS	0	0		.00	.00	.000	.00	.00	
EMERGENCY ROOM	19	23		998.77	43.42	.010	52.57	.42	
PREVENTIVE CARE	2	2		90.66	45.33	.001	45.33	.04	
OB VISITS/COMPRE PERI	54	82		7,317.28	89.24	.034	135.51	3.07	
OTHER OUTPATIENT	43	61		1,213.77	19.90	.026	28.23	.51	
INPATIENT VISITS	65	197		15,819.98	80.30	.083	243.38	6.64	
HOSPITAL VISITS	60	122		5,053.97	41.43	.051	84.23	2.12	
CRITICAL CARE	8	75		10,766.01	143.55	.031	1345.75	4.52	
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	7		323.52	46.22	.003	107.84	.14	
EXAMINATIONS	3	7		323.52	46.22	.003	107.84	.14	
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	64	124		51,793.45	417.69	.052	809.27	21.75	
PRINCIPAL SURGEON	50	50		47,888.37	957.77	.021	957.77	20.11	
ASSISTANT SURGEON	10	9		1,951.06	216.78	.004	195.11	.82	
ANESTHESIOLOGIST	11	65		1,954.02	30.06	.027	177.64	.82	
OUTPATIENT SURGERY	42	67		1,677.95	25.04	.028	39.95	.70	
PRINCIPAL SURGEON	41	63		1,533.37	24.34	.026	37.40	.64	
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	4		144.58	36.15	.002	144.58	.06	
DIALYSIS	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	106	159		1,398.51	8.80	.067	13.19	.59	
RADIOLOGY	152	224		4,911.83	21.93	.094	32.31	2.06	
PSYCHIATRY	0	0		.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	6	6		97.44	16.24	.003	16.24	.04	
OTHER SERVICES/ALL X-OVERS	55	87		3,401.44	39.10	.037	61.84	1.43	
@PHARMACY	518	1,051	\$	31,014.25	\$ 29.51	.441	\$ 59.87	\$ 13.03	
PRESCRIPTION DRUGS	497	990		27,760.07	28.04	.416	55.86	11.66	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	497	990		27,760.07	28.04	.416	55.86	11.66	
MEDICAL SUPPLIES	37	61		3,254.18	53.35	.026	87.95	1.37	
@DENTIST	1	1	\$	.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	1	1		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	

2,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	37	61	\$ 2,925.12	\$ 47.95	.026		\$ 79.06	\$ 1.23
NURSE ANESTHESIST	11	49	\$ 1,323.96	\$ 27.02	.021		\$ 120.36	\$.56
NURSE MIDWIFE	2	2	\$ 2,177.12	\$ 1088.56	.001		\$ 1088.56	\$.91
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000		.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000		.00	.00
@TOTAL HOSPITAL	476	1,988	\$ 369,607.73	\$ 185.92	.835		\$ 776.49	\$ 155.23
HOSP INPATIENT TOTAL	66	283	322,744.37	1140.44	.119		4890.07	135.55
HSC HOSPITALS	7	73	89,695.06	1228.70	.031		12813.58	37.67
NON-HSC HOSPITAL TOTAL	60	210	233,049.31	1109.76	.088		3884.16	97.88
ACCOMMODATIONS	59	210	59,108.46	281.47	.088		1001.84	24.83
ADMINISTRATIVE DAYS	0	0	92.34CR	.00	.000		.00	.04CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	59	210	59,200.80	281.91	.088		1003.40	24.86
ANCILLARIES	60	0	173,940.85	.00	.000		2899.01	73.05
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	449	1,705	46,863.36	27.49	.716		104.37	19.68
MEDICAL	89	123	5,855.79	47.61	.052		65.80	2.46
SURGERY	10	10	429.04	42.90	.004		42.90	.18
PATHOLOGY	214	540	6,244.06	11.56	.227		29.18	2.62
RADIOLOGY	159	211	11,625.82	55.10	.089		73.12	4.88
ROOM USE	231	372	13,328.51	35.83	.156		57.70	5.60
CROSSOVERS/ALL OTH OUTPTNT	176	449	9,380.14	20.89	.189		53.30	3.94
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,555
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

	2,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	476		1,988 \$	369,607.73	\$ 185.92	.835	\$ 776.49	\$ 155.23
COMM HOSP INPATIENT TOTAL	66		283	322,744.37	1140.44	.119	4890.07	135.55
HSC HOSPITALS	7		73	89,695.06	1228.70	.031	12813.58	37.67
NON-HSC HOSPITALS TOTAL	60		210	233,049.31	1109.76	.088	3884.16	97.88
ACCOMMODATIONS	59		210	59,108.46	281.47	.088	1001.84	24.83
ADMINISTRATIVE DAYS	0		0	92.34CR	.00	.000	.00	.04CR
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	59		210	59,200.80	281.91	.088	1003.40	24.86
ANCILLARIES	60		0	173,940.85	.00	.000	2899.01	73.05
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	449		1,705	46,863.36	27.49	.716	104.37	19.68
MEDICAL	89		123	5,855.79	47.61	.052	65.80	2.46
SURGERY	10		10	429.04	42.90	.004	42.90	.18
PATHOLOGY	214		540	6,244.06	11.56	.227	29.18	2.62
RADIOLOGY	159		211	11,625.82	55.10	.089	73.12	4.88
ROOM USE	231		372	13,328.51	35.83	.156	57.70	5.60
CROSSOVERS/ALL OTH OUTPTNT	176		449	9,380.14	20.89	.189	53.30	3.94
@STATE HOSPITAL	0		0 \$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	211	556	\$	10,210.43	\$	18.36	.234	\$ 48.39	\$ 4.29
PATHOLOGY	211	556		10,210.43		18.36	.234	48.39	4.29
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	229	413	\$	28,529.01	\$	69.08	.173	\$ 124.58	\$ 11.98
CLINIC	18	106		3,528.69		33.29	.045	196.04	1.48
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	211	307		25,000.32		81.43	.129	118.48	10.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
COLUSA COUNTY	SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76								

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2,381 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	UNITS/DAYS PER ELIG		
@ALL OTHER PROVIDERS	58	120	\$ 5,182.54	\$ 43.19	.050	\$ 89.35	\$ 2.18	
DURABLE MED. EQUIP.	4	4	397.97	99.49	.002	99.49	.17	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	3	61	573.16	9.40	.026	191.05	.24	
AMBULANCES/AIR TRANS	3	61	573.16	9.40	.026	191.05	.24	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	50	50	3,965.00	79.30	.021	79.30	1.67	
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	0	0	.00	.00	.000	.00	.00	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	2	5	246.41	49.28	.002	123.21	.10	
PROSTHETICS	2	4	157.72	39.43	.002	78.86	.07	
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.04	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	

ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	161	\$	75,302.70	\$	467.72	.068	\$ 6275.23	\$ 31.63
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED

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01/17/03

144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	131	701	\$ 30,585.76	\$ 43.63	4.868	\$ 233.48	\$ 212.40	
@PHYSICIANS SERVICES	18	26	\$ 763.62	\$ 29.37	.181	\$ 42.42	\$ 5.30	
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
OFFICE VISITS	0	0	.00	.00	.000	.00	.00	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	18	26	763.62	29.37	.181	42.42	5.30	
@PHARMACY	119	422	\$ 22,895.51	\$ 54.25	2.931	\$ 192.40	\$ 159.00	
PRESCRIPTION DRUGS	115	402	22,077.25	54.92	2.792	191.98	153.31	
SNF/ICF	1	13	560.57	43.12	.090	560.57	3.89	
OUTPATIENTS	114	389	21,516.68	55.31	2.701	188.74	149.42	
MEDICAL SUPPLIES	7	20	818.26	40.91	.139	116.89	5.68	
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,558
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED						AID CODE 16
					----- MONTHLY AVERAGE -----		
144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	9	17	\$ 268.96	\$ 15.82	.118	\$ 29.88	\$ 1.87
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	9	17	268.96	15.82	.118	29.88	1.87
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	11	\$ 88.12	\$ 8.01	.076	\$ 9.79	\$.61
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	11	88.12	8.01	.076	9.79	.61
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32	112	\$ 1,740.06	\$ 15.54	.778	\$ 54.38	\$ 12.08
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	32	112	1,740.06	15.54	.778	54.38	12.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	32	112	1,740.06	15.54	.778	54.38	12.08
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,559
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	112	\$ 1,740.06	\$ 15.54	.778	\$ 54.38	\$ 12.08
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	32	112	1,740.06	15.54	.778	54.38	12.08
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	32	112	1,740.06	15.54	.778	54.38	12.08
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	3	27	\$ 3,076.72	\$ 113.95	.188	\$ 1025.57	\$ 21.37
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	3	27	3,076.72	113.95	.188	1025.57	21.37
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$ 4.06	\$ 2.03	.014	\$ 4.06	\$.03
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	1	2	4.06	2.03	.014	4.06	.03

@ORGANIZED OUTPATIENT CLINIC	12	20	\$	1,087.70	\$	54.39	.139	\$	90.64	\$	7.55
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	20		1,087.70		54.39	.139		90.64		7.55

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,560
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

144 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE				
@ALL OTHER PROVIDERS	22	64	\$	661.01	\$	10.33	.444	\$	30.05	\$	4.59
DURABLE MED. EQUIP.	0	2CR		216.02CR		108.01	.014CR		.00		1.50CR
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	3		132.81		44.27	.021		132.81		.92
MEDICAL TRANSPORTATION	1	6		43.20		7.20	.042		43.20		.30
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	1	6		43.20		7.20	.042		43.20		.30
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	7	16		235.31		14.71	.111		33.62		1.63
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	41	465.71	11.36	.285	35.82	3.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	58	198	\$ 3,104.77	\$ 15.68	1.375	\$ 53.53	\$ 21.56

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,561
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND	AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,562
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,563
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND						AID CODES 26 6A
					----- MONTHLY AVERAGE -----		
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,564
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,565
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
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@TOTAL, ALL PROVIDERS	101	1,464	\$	32,470.23	\$	22.18	12.621	\$	321.49	\$	279.92
@PHYSICIANS SERVICES	21	66	\$	617.94	\$	9.36	.569	\$	29.43	\$	5.33
OUTPATIENT VISITS	3	3		120.76		40.25	.026		40.25		1.04
OFFICE VISITS	3	3		120.76		40.25	.026		40.25		1.04
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		1.01		.00	.000		.00		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	2		35.16		17.58	.017		35.16		.30
OTHER SERVICES/ALL X-OVERS	18	61		461.01		7.56	.526		25.61		3.97
@PHARMACY	88	1,051	\$	25,145.36	\$	23.93	9.060	\$	285.74	\$	216.77
PRESCRIPTION DRUGS	84	282		24,016.95		85.17	2.431		285.92		207.04

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	84	282	24,016.95	85.17	2.431	285.92	207.04
MEDICAL SUPPLIES	15	769	1,128.41	1.47	6.629	75.23	9.73
@DENTIST	1	2	\$ 70.00	\$ 35.00	.017	\$ 70.00	\$.60
VISITS - DIAGNOSTIC	1	2	70.00	35.00	.017	70.00	.60
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,566
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	8	\$ 138.02	\$ 17.25	.069	\$ 46.01	\$ 1.19
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	3	8	138.02	17.25	.069	46.01	1.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	1	4	\$ 20.15	\$ 5.04	.034	\$ 20.15	\$.17
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	4	20.15	5.04	.034	20.15	.17
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	23	103	\$ 2,244.43	\$ 21.79	.888	\$ 97.58	\$ 19.35
HOSP INPATIENT TOTAL	1	3	812.00	270.67	.026	812.00	7.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	812.00	270.67	.026	812.00	7.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	22	100	1,432.43	14.32	.862	65.11	12.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	45.02	11.26	.034	45.02	.39

RADIOLOGY	1	2	108.50	54.25	.017	108.50	.94
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	20	94	1,278.91	13.61	.810	63.95	11.03
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,567
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C						

116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	103	\$ 2,244.43	\$ 21.79	.888	\$ 97.58	\$ 19.35
COMM HOSP INPATIENT TOTAL	1	3	812.00	270.67	.026	812.00	7.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	812.00	270.67	.026	812.00	7.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	22	100	1,432.43	14.32	.862	65.11	12.35
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	4	45.02	11.26	.034	45.02	.39
RADIOLOGY	1	2	108.50	54.25	.017	108.50	.94
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	20	94	1,278.91	13.61	.810	63.95	11.03
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$ 34.01	\$.00	.000	\$.00	\$.29
PATHOLOGY	0	0	34.01	.00	.000	.00	.29
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	35	\$ 1,902.86	\$ 54.37	.302	\$ 95.14	\$ 16.40
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	20	35	1,902.86	54.37	.302	95.14	16.40

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,568
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

116 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	25	195	\$ 2,297.46	\$ 11.78	1.681	\$ 91.90	\$ 19.81
DURABLE MED. EQUIP.	2	5	828.65	165.73	.043	414.33	7.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	6	270.06	45.01	.052	135.03	2.33
MEDICAL TRANSPORTATION	5	122	328.10	2.69	1.052	65.62	2.83
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	7	38.31	5.47	.060	38.31	.33
OTHER SERVICES	4	115	289.79	2.52	.991	72.45	2.50
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	11	144.15	13.10	.095	28.83	1.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.009	9.83	.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	12	50	716.67	14.33	.431	59.72	6.18
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	45	1,040	\$ 3,735.19	\$ 3.59	8.966	\$ 83.00	\$ 32.20

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00
PERIODONTICS	0	0	.00	.00	.000		.00	.00
ENDODONTICS	0	0	.00	.00	.000		.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000		.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000		.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000		.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

PAGE 1,570
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,571
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,572
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000 .00 .00
BLOOD BANK	0	0	.00	.00	.000 .00 .00
HEARING AID DISPENSERS	0	0	.00	.00	.000 .00 .00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000 .00 .00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000 .00 .00
OTHER TRANS	0	0	.00	.00	.000 .00 .00
OTHER SERVICES	0	0	.00	.00	.000 .00 .00
ACUPUNCTURE	0	0	.00	.00	.000 .00 .00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000 .00 .00
GENETIC DISEASE TESTING	0	0	.00	.00	.000 .00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000 .00 .00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000 .00 .00
OPTICIAN	0	0	.00	.00	.000 .00 .00
PHYSICAL THERAPIST	0	0	.00	.00	.000 .00 .00
PORTABLE X-RAY	0	0	.00	.00	.000 .00 .00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000 .00 .00
PROSTHETICS	0	0	.00	.00	.000 .00 .00
ORTHOTICS	0	0	.00	.00	.000 .00 .00
PSYCHOLOGIST	0	0	.00	.00	.000 .00 .00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000 .00 .00
HOSPICE SERVICES	0	0	.00	.00	.000 .00 .00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000 .00 .00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000 .00 .00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000 .00 .00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000 .00 .00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000 .00 .00

ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,573
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR TITLE II DISREGARD	

260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	232	2,165	\$ 63,055.99	\$ 29.13	8.327	\$ 271.79	\$ 242.52
@PHYSICIANS SERVICES	39	92	\$ 1,381.56	\$ 15.02	.354	\$ 35.42	\$ 5.31
OUTPATIENT VISITS	3	3	120.76	40.25	.012	40.25	.46
OFFICE VISITS	3	3	120.76	40.25	.012	40.25	.46
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRI PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	1.01	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	35.16	17.58	.008	35.16	.14
OTHER SERVICES/ALL X-OVERS	36	87	1,224.63	14.08	.335	34.02	4.71
@PHARMACY	207	1,473	\$ 48,040.87	\$ 32.61	5.665	\$ 232.08	\$ 184.77
PRESCRIPTION DRUGS	199	684	46,094.20	67.39	2.631	231.63	177.29
SNF/ICF	1	13	560.57	43.12	.050	560.57	2.16
OUTPATIENTS	198	671	45,533.63	67.86	2.581	229.97	175.13
MEDICAL SUPPLIES	22	789	1,946.67	2.47	3.035	88.49	7.49
@DENTIST	1	2	\$ 70.00	\$ 35.00	.008	\$ 70.00	\$.27
VISITS - DIAGNOSTIC	1	2	70.00	35.00	.008	70.00	.27
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,574
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	12	25	\$ 406.98	\$ 16.28	.096	\$ 33.92	\$ 1.57	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	12	25	406.98	16.28	.096	33.92	1.57	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	10	15	\$ 108.27	\$ 7.22	.058	\$ 10.83	\$.42	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	10	15	108.27	7.22	.058	10.83	.42	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	55	215	\$ 3,984.49	\$ 18.53	.827	\$ 72.45	\$ 15.32	
HOSP INPATIENT TOTAL	1	3	812.00	270.67	.012	812.00	3.12	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	3	812.00	270.67	.012	812.00	3.12	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	54	212	3,172.49	14.96	.815	58.75	12.20	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	4	45.02	11.26	.015	45.02	.17	
RADIOLOGY	1	2	108.50	54.25	.008	108.50	.42	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	52	206	3,018.97	14.66	.792	58.06	11.61	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,575
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

	260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	55	215	\$	3,984.49	\$ 18.53	.827	\$ 72.45	\$ 15.32
COMM HOSP INPATIENT TOTAL	1	3		812.00	270.67	.012	812.00	3.12
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3		812.00	270.67	.012	812.00	3.12
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	212		3,172.49	14.96	.815	58.75	12.20
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	4		45.02	11.26	.015	45.02	.17
RADIOLOGY	1	2		108.50	54.25	.008	108.50	.42
ROOM USE	0	0		.00	.00	.000	.00	.00

CROSSTOVERS/ALL OTH OUTPTNT	52	206		3,018.97	14.66	.792	58.06	11.61
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	3	27	\$	3,076.72	\$ 113.95	.104	\$ 1025.57	\$ 11.83
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	3	27		3,076.72	113.95	.104	1025.57	11.83
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	2	\$	38.07	\$ 19.04	.008	\$ 38.07	\$.15
PATHOLOGY	0	0		34.01	.00	.000	.00	.13
XO AND OTHERS	1	2		4.06	2.03	.008	4.06	.02
@ORGANIZED OUTPATIENT CLINIC	32	55	\$	2,990.56	\$ 54.37	.212	\$ 93.46	\$ 11.50
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	32	55		2,990.56	54.37	.212	93.46	11.50

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,576
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	47	259	\$ 2,958.47	\$ 11.42	.996	\$ 62.95	\$ 11.38
DURABLE MED. EQUIP.	2	3	612.63	204.21	.012	306.32	2.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	9	402.87	44.76	.035	134.29	1.55
MEDICAL TRANSPORTATION	6	128	371.30	2.90	.492	61.88	1.43
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	7	38.31	5.47	.027	38.31	.15
OTHER SERVICES	5	121	332.99	2.75	.465	66.60	1.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	27	379.46	14.05	.104	31.62	1.46
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1	9.83	9.83	.004	9.83	.04
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	91	1,182.38	12.99	.350	47.30	4.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	103	1,238	\$ 6,839.96	\$ 5.53	4.762	\$ 66.41	\$ 26.31

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,577
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED	AID CODE 18

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	177	3,028	\$ 84,284.89	\$ 27.84	15.528	\$ 476.19	\$ 432.23
@PHYSICIANS SERVICES	20	34	\$ 977.23	\$ 28.74	.174	\$ 48.86	\$ 5.01
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	34	977.23	28.74	.174	48.86	5.01
@PHARMACY	137	1,929	\$ 35,076.67	\$ 18.18	9.892	\$ 256.03	\$ 179.88
PRESCRIPTION DRUGS	116	509	28,624.99	56.24	2.610	246.77	146.79
SNF/ICF	5	19	734.08	38.64	.097	146.82	3.76
OUTPATIENTS	112	490	27,890.91	56.92	2.513	249.03	143.03
MEDICAL SUPPLIES	35	1,420	6,451.68	4.54	7.282	184.33	33.09
@DENTIST	2	2	\$ 25.00	\$ 12.50	.010	\$ 12.50	\$.13
VISITS - DIAGNOSTIC	2	2	25.00	12.50	.010	12.50	.13
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,578
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	6	\$ 124.41	\$ 20.74	.031	\$ 31.10	\$.64
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.005	47.45	.24
EYE APPLIANCES	3	5	76.96	15.39	.026	25.65	.39
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	17	19	\$ 182.57	\$ 9.61	.097	\$ 10.74	\$.94
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	17	19	182.57	9.61	.097	10.74	.94
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	44	282	\$ 9,024.95	\$ 32.00	1.446	\$ 205.11	\$ 46.28
HOSP INPATIENT TOTAL	8	72	7,082.50	98.37	.369	885.31	36.32
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	72	7,082.50	98.37	.369	885.31	36.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	40	210	1,942.45	9.25	1.077	48.56	9.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	40	210	1,942.45	9.25	1.077	48.56	9.96
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,579
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	282	\$ 9,024.95	\$ 32.00	1.446	\$ 205.11	\$ 46.28
COMM HOSP INPATIENT TOTAL	8	72	7,082.50	98.37	.369	885.31	36.32
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	72	7,082.50	98.37	.369	885.31	36.32
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40	210	1,942.45	9.25	1.077	48.56	9.96
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	40	210	1,942.45	9.25	1.077	48.56	9.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	10	337	\$ 32,420.77	\$ 96.20	1.728	\$ 3242.08	\$ 166.26
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	10	337	32,420.77	96.20	1.728	3242.08	166.26
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00

@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	2.49	\$	2.49	.005	\$	2.49	\$	.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		2.49		2.49	.005		2.49		.01
@ORGANIZED OUTPATIENT CLINIC	23	27	\$	1,309.22	\$	48.49	.138	\$	56.92	\$	6.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		191.78		191.78	.005		191.78		.98
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	26		1,117.44		42.98	.133		50.79		5.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,580
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED										AID CODE 18

195 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	68	391	\$ 5,141.58	\$ 13.15	2.005	\$ 75.61	\$ 26.37
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	129	314.55	2.44	.662	52.43	1.61
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	6	129	314.55	2.44	.662	52.43	1.61
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	66	262	4,827.03	18.42	1.344	73.14	24.75
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	115	660	15,574.38	23.60	3.385	135.43	79.87

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,581
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND	AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	24	118	\$ 2,696.73	\$ 22.85	4.917	\$ 112.36	\$ 112.36
@PHYSICIANS SERVICES	14	44	\$ 155.34	\$ 3.53	1.833	\$ 11.10	\$ 6.47
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	14	44	155.34	3.53	1.833	11.10	6.47
@PHARMACY	12	45	\$ 1,901.59	\$ 42.26	1.875	\$ 158.47	\$ 79.23
PRESCRIPTION DRUGS	12	42	1,827.87	43.52	1.750	152.32	76.16

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	42	1,827.87	43.52	1.750	152.32	76.16
MEDICAL SUPPLIES	1	3	73.72	24.57	.125	73.72	3.07
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND

AID CODE 28

PAGE 1,582 01/17/03

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	9	\$ 76.86	\$ 8.54	.375	\$ 25.62	\$ 3.20
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	9	76.86	8.54	.375	25.62	3.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	9	76.86	8.54	.375	25.62	3.20
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,583
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	9	\$ 76.86	\$ 8.54	.375	\$ 25.62	\$ 3.20
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	9	76.86	8.54	.375	25.62	3.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	3	9	76.86	8.54	.375	25.62	3.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,584
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND						AID CODE 28

24 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	6	20	\$ 562.94	\$ 28.15	.833	\$ 93.82	\$ 23.46
DURABLE MED. EQUIP.	1	2	83.51	41.76	.083	83.51	3.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	18	479.43	26.64	.750	95.89	19.98
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	21	74	\$ 785.35	\$ 10.61	3.083	\$ 37.40	\$ 32.72

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

PAGE 1,585
01/17/03

109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE 68				
				----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	112	3,086	\$ 89,740.24	\$ 29.08	28.312	\$ 801.25	\$ 823.30	
@PHYSICIANS SERVICES	26	96	\$ 917.54	\$ 9.56	.881	\$ 35.29	\$ 8.42	
OUTPATIENT VISITS	5	7	160.18	22.88	.064	32.04	1.47	
OFFICE VISITS	5	7	160.18	22.88	.064	32.04	1.47	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	1	13	258.06	19.85	.119	258.06	2.37	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	13	258.06	19.85	.119	258.06	2.37	
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	

RADIOLOGY	1	1		29.06	29.06	.009	29.06	.27
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	20	75		470.24	6.27	.688	23.51	4.31
@PHARMACY	102	2,450	\$	57,318.48	\$ 23.40	22.477	\$ 561.95	\$ 525.86
PRESCRIPTION DRUGS	99	480		49,758.30	103.66	4.404	502.61	456.50
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	99	480		49,758.30	103.66	4.404	502.61	456.50
MEDICAL SUPPLIES	35	1,970		7,560.18	3.84	18.073	216.01	69.36
@DENTIST	3	21	\$	388.00	\$ 18.48	.193	\$ 129.33	\$ 3.56
VISITS - DIAGNOSTIC	3	17		232.00	13.65	.156	77.33	2.13
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	4		156.00	39.00	.037	156.00	1.43
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED							
	AID CODE 68							
	----- MONTHLY AVERAGE -----							
109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	2	4	\$	88.70	\$ 22.18	.037	\$ 44.35	\$.81
DIAGNOSTIC AND ANC. PROCED	1	1		35.59	35.59	.009	35.59	.33
EYE APPLIANCES	1	3		53.11	17.70	.028	53.11	.49
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$	7.32	\$ 2.44	.028	\$ 3.66	\$.07
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	2	3		7.32	2.44	.028	3.66	.07
@HOME HEALTH AGENCY	5	28	\$	1,983.24	\$ 70.83	.257	\$ 396.65	\$ 18.19
NURSE ANESTHESIST	0	0	\$	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	23	135	\$	23,029.02	\$ 170.59	1.239	\$ 1001.26	\$ 211.28
HOSP INPATIENT TOTAL	4	66		22,062.60	334.28	.606	5515.65	202.41
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00

INPATIENT CROSSOVERS	4	66	22,062.60	334.28	.606	5515.65	202.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	20	69	966.42	14.01	.633	48.32	8.87
MEDICAL	0	0	43.20	.00	.000	.00	.40
SURGERY	0	0	3.15	.00	.000	.00	.03
PATHOLOGY	1	1	21.43	21.43	.009	21.43	.20
RADIOLOGY	1	1	93.43	93.43	.009	93.43	.86
ROOM USE	0	0	10.89	.00	.000	.00	.10
CROSSOVERS/ALL OTH OUTPTNT	18	67	794.32	11.86	.615	44.13	7.29
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,587
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	23	135	\$ 23,029.02	\$ 170.59	1.239	\$ 1001.26	\$ 211.28
COMM HOSP INPATIENT TOTAL	4	66	22,062.60	334.28	.606	5515.65	202.41
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	4	66	22,062.60	334.28	.606	5515.65	202.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	20	69	966.42	14.01	.633	48.32	8.87
MEDICAL	0	0	43.20	.00	.000	.00	.40
SURGERY	0	0	3.15	.00	.000	.00	.03
PATHOLOGY	1	1	21.43	21.43	.009	21.43	.20
RADIOLOGY	1	1	93.43	93.43	.009	93.43	.86
ROOM USE	0	0	10.89	.00	.000	.00	.10
CROSSOVERS/ALL OTH OUTPTNT	18	67	794.32	11.86	.615	44.13	7.29
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	2	0	\$ 77.55	\$.00	.000	\$ 38.78	\$.71
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	2	0		77.55	.00	.000	38.78	.71
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	911.82	\$ 455.91	.018	\$ 455.91	\$ 8.37
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		911.82	455.91	.018	455.91	8.37
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	4	\$	29.36	\$ 7.34	.037	\$ 29.36	\$.27
PATHOLOGY	1	4		29.36	7.34	.037	29.36	.27
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	12	20	\$	1,431.68	\$ 71.58	.183	\$ 119.31	\$ 13.13
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	20		1,431.68	71.58	.183	119.31	13.13

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,588
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

109 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	21	323	\$ 3,557.53	\$ 11.01	2.963	\$ 169.41	\$ 32.64
DURABLE MED. EQUIP.	1	1	121.24	121.24	.009	121.24	1.11
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,504.76	501.59	.028	501.59	13.81
MEDICAL TRANSPORTATION	4	268	1,459.38	5.45	2.459	364.85	13.39
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	245	1,341.47	5.48	2.248	447.16	12.31
OTHER SERVICES	1	23	117.91	5.13	.211	117.91	1.08
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.16	13.04	.037	26.08	.48
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	11	47		419.99		8.94	.431	38.18	3.85
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	49	855	\$	28,277.68	\$	33.07	7.844	577.10	259.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,589
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT	

328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	313	6,232	\$ 176,721.86	\$ 28.36	19.000	\$ 564.61	\$ 538.79
@PHYSICIANS SERVICES	60	174	\$ 2,050.11	\$ 11.78	.530	\$ 34.17	\$ 6.25
OUTPATIENT VISITS	5	7	160.18	22.88	.021	32.04	.49
OFFICE VISITS	5	7	160.18	22.88	.021	32.04	.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	13	258.06	19.85	.040	258.06	.79
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13	258.06	19.85	.040	258.06	.79
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	29.06	29.06	.003	29.06	.09
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	54	153	1,602.81	10.48	.466	29.68	4.89
@PHARMACY	251	4,424	\$ 94,296.74	\$ 21.31	13.488	\$ 375.68	\$ 287.49
PRESCRIPTION DRUGS	227	1,031	80,211.16	77.80	3.143	353.35	244.55
SNF/ICF	5	19	734.08	38.64	.058	146.82	2.24
OUTPATIENTS	223	1,012	79,477.08	78.53	3.085	356.40	242.31
MEDICAL SUPPLIES	71	3,393	14,085.58	4.15	10.345	198.39	42.94
@DENTIST	5	23	\$ 413.00	\$ 17.96	.070	\$ 82.60	\$ 1.26
VISITS - DIAGNOSTIC	5	19	257.00	13.53	.058	51.40	.78
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	4	156.00	39.00	.012	156.00	.48
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,590
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	10	\$ 213.11	\$ 21.31	.030	\$ 35.52	\$.65
DIAGNOSTIC AND ANC. PROCED	2	2	83.04	41.52	.006	41.52	.25
EYE APPLIANCES	4	8	130.07	16.26	.024	32.52	.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	19	22	\$ 189.89	\$ 8.63	.067	\$ 9.99	\$.58
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	19	22	189.89	8.63	.067	9.99	.58
@HOME HEALTH AGENCY	5	28	\$ 1,983.24	\$ 70.83	.085	\$ 396.65	\$ 6.05
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	70	426	\$ 32,130.83	\$ 75.42	1.299	\$ 459.01	\$ 97.96
HOSP INPATIENT TOTAL	12	138	29,145.10	211.20	.421	2428.76	88.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	138	29,145.10	211.20	.421	2428.76	88.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	63	288	2,985.73	10.37	.878	47.39	9.10
MEDICAL	0	0	43.20	.00	.000	.00	.13
SURGERY	0	0	3.15	.00	.000	.00	.01
PATHOLOGY	1	1	21.43	21.43	.003	21.43	.07
RADIOLOGY	1	1	93.43	93.43	.003	93.43	.28
ROOM USE	0	0	10.89	.00	.000	.00	.03
CROSSOVERS/ALL OTH OUTPTNT	61	286	2,813.63	9.84	.872	46.13	8.58
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,591
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

	328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70	426	\$	32,130.83	\$ 75.42	1.299 \$ 459.01	\$ 97.96
COMM HOSP INPATIENT TOTAL	12	138		29,145.10	211.20	.421 2428.76	88.86
HSC HOSPITALS	0	0		.00	.00	.000 .00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000 .00	.00
ACCOMMODATIONS	0	0		.00	.00	.000 .00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000 .00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000 .00	.00
ANCILLARIES	0	0		.00	.00	.000 .00	.00
INPATIENT CROSSOVERS	12	138		29,145.10	211.20	.421 2428.76	88.86
ALL OTHER INPATIENT	0	0		.00	.00	.000 .00	.00
COMM HOSP OUTPATIENT TOTAL	63	288		2,985.73	10.37	.878 47.39	9.10
MEDICAL	0	0		43.20	.00	.000 .00	.13
SURGERY	0	0		3.15	.00	.000 .00	.01
PATHOLOGY	1	1		21.43	21.43	.003 21.43	.07
RADIOLOGY	1	1		93.43	93.43	.003 93.43	.28
ROOM USE	0	0		10.89	.00	.000 .00	.03

CROSSOVERS/ALL OTH OUTPTNT	61	286		2,813.63		9.84	.872	46.13	8.58
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	12	337	\$	32,498.32	\$	96.43	1.027	\$ 2708.19	\$ 99.08
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	12	337		32,498.32		96.43	1.027	2708.19	99.08
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	2	2	\$	911.82	\$	455.91	.006	\$ 455.91	\$ 2.78
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	2	2		911.82		455.91	.006	455.91	2.78
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	5	\$	31.85	\$	6.37	.015	\$ 15.93	\$.10
PATHOLOGY	1	4		29.36		7.34	.012	29.36	.09
XO AND OTHERS	1	1		2.49		2.49	.003	2.49	.01
@ORGANIZED OUTPATIENT CLINIC	35	47	\$	2,740.90	\$	58.32	.143	\$ 78.31	\$ 8.36
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	1	1		191.78		191.78	.003	191.78	.58
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	34	46		2,549.12		55.42	.140	74.97	7.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
COLUSA COUNTY	SUMMARY OF SERVICES FOR IN HOME SUPPORT								

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328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	95	734	\$ 9,262.05	\$ 12.62	2.238	\$ 97.50	\$ 28.24
DURABLE MED. EQUIP.	2	3	204.75	68.25	.009	102.38	.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,504.76	501.59	.009	501.59	4.59
MEDICAL TRANSPORTATION	10	397	1,773.93	4.47	1.210	177.39	5.41
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	245	1,341.47	5.48	.747	447.16	4.09
OTHER SERVICES	7	152	432.46	2.85	.463	61.78	1.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.16	13.04	.012	26.08	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	327	5,726.45	17.51	.997	69.83	17.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	185	1,589	\$ 44,637.41	\$ 28.09	4.845	\$ 241.28	\$ 136.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,593
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED	

2,408 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,773	19,377	\$ 590,797.44	\$ 30.49	8.047	\$ 333.22	\$ 245.35
@PHYSICIANS SERVICES	290	743	\$ 10,510.31	\$ 14.15	.309	\$ 36.24	\$ 4.36
OUTPATIENT VISITS	2	3	130.90	43.63	.001	65.45	.05
OFFICE VISITS	2	3	130.90	43.63	.001	65.45	.05
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	32.89	32.89	.000	32.89	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	288	739	10,346.52	14.00	.307	35.93	4.30
@PHARMACY	1,542	11,018	\$ 384,132.49	\$ 34.86	4.576	\$ 249.11	\$ 159.52
PRESCRIPTION DRUGS	1,501	5,359	366,069.83	68.31	2.225	243.88	152.02
SNF/ICF	15	70	2,474.66	35.35	.029	164.98	1.03
OUTPATIENTS	1,489	5,289	363,595.17	68.75	2.196	244.19	150.99
MEDICAL SUPPLIES	148	5,659	18,062.66	3.19	2.350	122.05	7.50
@DENTIST	43	170	\$ 8,630.00	\$ 50.76	.071	\$ 200.70	\$ 3.58
VISITS - DIAGNOSTIC	32	110	1,427.00	12.97	.046	44.59	.59
ORAL SURGERY	4	16	716.00	44.75	.007	179.00	.30

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	110.00	55.00	.001	55.00	.05
ENDODONTICS	2	2	590.00	295.00	.001	295.00	.25
RESTORATIVE DENTISTRY	13	26	2,652.00	102.00	.011	204.00	1.10
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	7	14	3,135.00	223.93	.006	447.86	1.30
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,594
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

2,408 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	46	101	\$ 1,690.97	\$ 16.74	.042	\$ 36.76	\$.70
DIAGNOSTIC AND ANC. PROCED	6	6	205.95	34.33	.002	34.33	.09
EYE APPLIANCES	37	88	1,417.25	16.11	.037	38.30	.59
OTHER OPTOMETRIC SERVICES	3	7	67.77	9.68	.003	22.59	.03
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	78	86	\$ 787.60	\$ 9.16	.036	\$ 10.10	\$.33
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	78	86	787.60	9.16	.036	10.10	.33
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	9	\$ 23.57	\$ 2.62	.004	\$ 23.57	\$.01
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	372	1,613	\$ 70,885.27	\$ 43.95	.670	\$ 190.55	\$ 29.44
HOSP INPATIENT TOTAL	37	219	53,980.22	246.49	.091	1458.92	22.42
HSC HOSPITALS	1	2	1,773.89	886.95	.001	1773.89	.74
NON-HSC HOSPITAL TOTAL	3	23	24,789.78	1077.82	.010	8263.26	10.29
ACCOMMODATIONS	2	23	12,680.77	551.34	.010	6340.39	5.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	23	12,680.77	551.34	.010	6340.39	5.27
ANCILLARIES	3	0	12,109.01	.00	.000	4036.34	5.03
INPATIENT CROSSOVERS	33	194	27,416.55	141.32	.081	830.80	11.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	353	1,394	16,905.05	12.13	.579	47.89	7.02
MEDICAL	2	3	100.70	33.57	.001	50.35	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	34.90	17.45	.001	34.90	.01
ROOM USE	1	1	31.93	31.93	.000	31.93	.01
CROSSOVERS/ALL OTH OUTPTNT	351	1,388	16,737.52	12.06	.576	47.69	6.95
@COUNTY HOSPITAL TOTAL	1	2	\$ 1,773.89	\$ 886.95	.001	\$ 1773.89	\$.74
CO HOSPITAL INPATIENT TOTAL	1	2	1,773.89	886.95	.001	1773.89	.74
HSC HOSPITALS	1	2	1,773.89	886.95	.001	1773.89	.74

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,595
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

	2,408 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	371		1,611 \$	69,111.38	\$ 42.90	.669 \$ 186.28	\$ 28.70
COMM HOSP INPATIENT TOTAL	36		217	52,206.33	240.58	.090 1450.18	21.68
HSC HOSPITALS	0		0	.00	.00	.000 .00	.00
NON-HSC HOSPITALS TOTAL	3		23	24,789.78	1077.82	.010 8263.26	10.29
ACCOMMODATIONS	2		23	12,680.77	551.34	.010 6340.39	5.27
ADMINISTRATIVE DAYS	0		0	.00	.00	.000 .00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000 .00	.00
ALL OTHER ACCOM	2		23	12,680.77	551.34	.010 6340.39	5.27
ANCILLARIES	3		0	12,109.01	.00	.000 4036.34	5.03
INPATIENT CROSSOVERS	33		194	27,416.55	141.32	.081 830.80	11.39
ALL OTHER INPATIENT	0		0	.00	.00	.000 .00	.00

COMM HOSP OUTPATIENT TOTAL	353	1,394		16,905.05	12.13	.579	47.89	7.02
MEDICAL	2	3		100.70	33.57	.001	50.35	.04
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	1	2		34.90	17.45	.001	34.90	.01
ROOM USE	1	1		31.93	31.93	.000	31.93	.01
CROSSOVERS/ALL OTH OUTPTNT	351	1,388		16,737.52	12.06	.576	47.69	6.95
@STATE HOSPITAL	0	0	\$	.00	.00	.000	.00	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	20	584	\$	59,651.12	102.14	.243	2982.56	24.77
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	20	584		59,651.12	102.14	.243	2982.56	24.77
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	.00	.000	.00	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	18	\$	6,041.92	335.66	.007	431.57	2.51
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	18		6,041.92	335.66	.007	431.57	2.51
@REHABILITATION FACILITY	0	0	\$	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	4	9	\$	66.90	7.43	.004	16.73	.03
PATHOLOGY	1	4		33.58	8.40	.002	33.58	.01
XO AND OTHERS	3	5		33.32	6.66	.002	11.11	.01
@ORGANIZED OUTPATIENT CLINIC	278	408	\$	17,339.69	42.50	.169	62.37	7.20
CLINIC	1	3		31.54	10.51	.001	31.54	.01
SURGICENTER	5	5		958.90	191.78	.002	191.78	.40
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	274	400		16,349.25	40.87	.166	59.67	6.79

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,596
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

					----- MONTHLY AVERAGE -----			
2,408 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	286	4,618	\$ 31,037.60	\$ 6.72	1.918	\$ 108.52	\$ 12.89	
DURABLE MED. EQUIP.	5	4	309.52	77.38	.002	61.90	.13	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	8	10	1,679.18	167.92	.004	209.90	.70	
MEDICAL TRANSPORTATION	28	2,008	10,002.87	4.98	.834	357.25	4.15	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	11	1,765	8,030.94	4.55	.733	730.09	3.34	
OTHER SERVICES	17	243	1,971.93	8.11	.101	116.00	.82	
ACUPUNCTURE	1	2	43.25	21.63	.001	43.25	.02	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	4	38	1,705.00	44.87	.016	426.25	.71	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	47	108	1,532.49	14.19	.045	32.61	.64	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	266.30	44.38	.002	88.77	.11
PROSTHETICS	3	6	266.30	44.38	.002	88.77	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	113.25	18.88	.002	28.31	.05
HOSPICE SERVICES	1	1	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	196	2,435	15,385.74	6.32	1.011	78.50	6.39
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	781	4,024	80,508.56	20.01	1.671	103.08	33.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,597
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	137	5,339	\$ 76,260.23	\$ 14.28	29.497	\$ 556.64	\$ 421.33
@PHYSICIANS SERVICES	49	146	\$ 6,329.20	\$ 43.35	.807	\$ 129.17	\$ 34.97
OUTPATIENT VISITS	22	36	1,202.65	33.41	.199	54.67	6.64
OFFICE VISITS	20	25	828.04	33.12	.138	41.40	4.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	249.65	62.41	.022	83.22	1.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	124.96	17.85	.039	20.83	.69
INPATIENT VISITS	4	7	428.90	61.27	.039	107.23	2.37
HOSPITAL VISITS	3	5	248.40	49.68	.028	82.80	1.37
CRITICAL CARE	1	2	180.50	90.25	.011	180.50	1.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	221.03	44.21	.028	55.26	1.22
EXAMINATIONS	4	5	221.03	44.21	.028	55.26	1.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.006	82.65	.46
PRINCIPAL SURGEON	1	1	82.65	82.65	.006	82.65	.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	11	2,808.03	255.28	.061	936.01	15.51
PRINCIPAL SURGEON	3	3	2,401.71	800.57	.017	800.57	13.27
ASSISTANT SURGEON	1	1	232.32	232.32	.006	232.32	1.28
ANESTHESIOLOGIST	1	7	174.00	24.86	.039	174.00	.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	149.66	37.42	.022	49.89	.83
RADIOLOGY	5	8	392.40	49.05	.044	78.48	2.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.006	13.76	.08
OTHER SERVICES/ALL X-OVERS	31	73	1,030.12	14.11	.403	33.23	5.69
@PHARMACY	117	2,671	\$ 44,084.94	\$ 16.51	14.757	\$ 376.79	\$ 243.56
PRESCRIPTION DRUGS	116	486	41,989.43	86.40	2.685	361.98	231.99

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	116	486	41,989.43	86.40	2.685	361.98	231.99
MEDICAL SUPPLIES	15	2,185	2,095.51	.96	12.072	139.70	11.58
@DENTIST	5	26	\$ 2,671.00	\$ 102.73	.144	\$ 534.20	\$ 14.76
VISITS - DIAGNOSTIC	2	10	106.00	10.60	.055	53.00	.59
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.011	200.00	2.21
ENDODONTICS	1	3	645.00	215.00	.017	645.00	3.56
RESTORATIVE DENTISTRY	3	11	1,520.00	138.18	.061	506.67	8.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

PAGE 1,598 01/17/03

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.017	\$ 53.11	\$.29
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.017	53.11	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	8	\$ 45.02	\$ 5.63	.044	\$ 9.00	\$.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	8	45.02	5.63	.044	9.00	.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	40	370	\$ 16,026.03	\$ 43.31	2.044	\$ 400.65	\$ 88.54
HOSP INPATIENT TOTAL	2	6	6,420.00	1070.00	.033	3210.00	35.47
HSC HOSPITALS	2	6	6,420.00	1070.00	.033	3210.00	35.47
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	40	364	9,606.03	26.39	2.011	240.15	53.07
MEDICAL	12	53	2,649.36	49.99	.293	220.78	14.64
SURGERY	2	2	125.75	62.88	.011	62.88	.69
PATHOLOGY	22	147	1,562.10	10.63	.812	71.00	8.63

RADIOLOGY	12	38	1,901.80	50.05	.210	158.48	10.51
ROOM USE	24	53	2,223.61	41.95	.293	92.65	12.29
CROSSOVERS/ALL OTH OUTPTNT	26	71	1,143.41	16.10	.392	43.98	6.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,599
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND						

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	370	\$ 16,026.03	\$ 43.31	2.044	\$ 400.65	\$ 88.54
COMM HOSP INPATIENT TOTAL	2	6	6,420.00	1070.00	.033	3210.00	35.47
HSC HOSPITALS	2	6	6,420.00	1070.00	.033	3210.00	35.47
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	40	364	9,606.03	26.39	2.011	240.15	53.07
MEDICAL	12	53	2,649.36	49.99	.293	220.78	14.64
SURGERY	2	2	125.75	62.88	.011	62.88	.69
PATHOLOGY	22	147	1,562.10	10.63	.812	71.00	8.63
RADIOLOGY	12	38	1,901.80	50.05	.210	158.48	10.51
ROOM USE	24	53	2,223.61	41.95	.293	92.65	12.29
CROSSOVERS/ALL OTH OUTPTNT	26	71	1,143.41	16.10	.392	43.98	6.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$ 27.55	\$.00	.000	\$.00	\$.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	27.55	.00	.000	.00	.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	7	32	\$ 318.24	\$ 9.95	.177	\$ 45.46	\$ 1.76
PATHOLOGY	7	32	318.24	9.95	.177	45.46	1.76
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	34	\$ 2,553.89	\$ 75.11	.188	\$ 127.69	\$ 14.11
CLINIC	1	1	10.00	10.00	.006	10.00	.06
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	19	33	2,543.89	77.09	.182	133.89	14.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,600
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	22	2,049	\$ 4,151.25	\$ 2.03	11.320	\$ 188.69	\$ 22.94
DURABLE MED. EQUIP.	3	7	170.76	24.39	.039	56.92	.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	88	805.12	9.15	.486	100.64	4.45
AMBULANCES/AIR TRANS	5	40	720.70	18.02	.221	144.14	3.98
OTHER TRANS	1	33	78.45	2.38	.182	78.45	.43
OTHER SERVICES	2	15	5.97	.40	.083	2.99	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	146.34	18.29	.044	48.78	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	1,928	2,549.60	1.32	10.652	637.40	14.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	18	479.43	26.64	.099	95.89	2.65
@CALIF. CHILDREN SERVICES*	1	2	\$ 61.00	\$ 30.50	.011	\$ 61.00	\$.34
@XOVER EXCLUDING STATE HOSP**	41	130	\$ 1,219.60	\$ 9.38	.718	\$ 29.75	\$ 6.74

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,601
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

4,658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,809	91,977	\$ 2,465,050.02	\$ 26.80	19.746 \$ 647.16 \$ 529.21
@PHYSICIANS SERVICES	1,002	3,458	\$ 121,604.33	\$ 35.17	.742 \$ 121.36 \$ 26.11
OUTPATIENT VISITS	409	575	20,213.45	35.15	.123 49.42 4.34
OFFICE VISITS	279	372	12,388.00	33.30	.080 44.40 2.66
HOME VISITS	12	17	745.90	43.88	.004 62.16 .16
EMERGENCY ROOM	44	55	3,229.54	58.72	.012 73.40 .69
PREVENTIVE CARE	0	0	.00	.00	.000 .00 .00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.000 126.31 .03
OTHER OUTPATIENT	100	130	3,723.70	28.64	.028 37.24 .80
INPATIENT VISITS	58	258	14,407.74	55.84	.055 248.41 3.09
HOSPITAL VISITS	54	225	10,637.78	47.28	.048 197.00 2.28
CRITICAL CARE	12	31	3,684.16	118.84	.007 307.01 .79
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.000 42.90 .02
OPHTHALMOLOGICAL SERVICES	31	42	1,797.56	42.80	.009 57.99 .39
EXAMINATIONS	31	42	1,797.56	42.80	.009 57.99 .39
SERVICES AND MATERIALS	0	0	.00	.00	.000 .00 .00
INPATIENT HOSPITAL SURGERY	31	214	16,034.12	74.93	.046 517.23 3.44
PRINCIPAL SURGEON	24	36	12,443.29	345.65	.008 518.47 2.67
ASSISTANT SURGEON	2	2	352.75	176.38	.000 176.38 .08
ANESTHESIOLOGIST	10	176	3,238.08	18.40	.038 323.81 .70
OUTPATIENT SURGERY	61	177	22,408.08	126.60	.038 367.35 4.81
PRINCIPAL SURGEON	55	84	19,864.77	236.49	.018 361.18 4.26
ASSISTANT SURGEON	1	1	244.60	244.60	.000 244.60 .05
ANESTHESIOLOGIST	14	92	2,298.71	24.99	.020 164.19 .49
DIALYSIS	11	90	2,830.02	31.44	.019 257.27 .61
PATHOLOGY	41	112	1,943.30	17.35	.024 47.40 .42

RADIOLOGY	167	312		15,798.32		50.64	.067	94.60	3.39	
PSYCHIATRY	0	0		.00		.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	34	41		902.35		22.01	.009	26.54	.19	
OTHER SERVICES/ALL X-OVERS	504	1,637		25,269.39		15.44	.351	50.14	5.42	
@PHARMACY	3,257	28,519	\$	1,294,084.97	\$	45.38	6.123	\$ 397.32	\$ 277.82	
PRESCRIPTION DRUGS	3,213	14,122		1,253,240.27		88.74	3.032	390.05	269.05	
SNF/ICF	25	179		10,499.32		58.66	.038	419.97	2.25	
OUTPATIENTS	3,194	13,943		1,242,740.95		89.13	2.993	389.09	266.80	
MEDICAL SUPPLIES	335	14,397		40,844.70		2.84	3.091	121.92	8.77	
@DENTIST	178	805	\$	39,237.00	\$	48.74	.173	\$ 220.43	\$ 8.42	
VISITS - DIAGNOSTIC	111	483		6,318.00		13.08	.104	56.92	1.36	
ORAL SURGERY	26	112		6,418.00		57.30	.024	246.85	1.38	
DRUGS	0	0		.00		.00	.000	.00	.00	
ANESTHESIA	6	6		600.00		100.00	.001	100.00	.13	
PERIODONTICS	24	25		4,680.00		187.20	.005	195.00	1.00	
ENDODONTICS	4	4		735.00		183.75	.001	183.75	.16	
RESTORATIVE DENTISTRY	40	111		9,146.00		82.40	.024	228.65	1.96	
PROSTHETICS	7	7		170.00		24.29	.002	24.29	.04	
DENTURES, STAYPLATES	25	53		10,970.00		206.98	.011	438.80	2.36	
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00	
ORTHODONTIC SERVICES	2	3		125.00		41.67	.001	62.50	.03	
ALL OTHER SERVICES	1	1		75.00		75.00	.000	75.00	.02	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									PAGE 1,602
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED									

4,658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	92	243	\$ 4,961.87	\$ 20.42	.052	\$ 53.93	\$ 1.07
DIAGNOSTIC AND ANC. PROCED	33	33	1,526.54	46.26	.007	46.26	.33
EYE APPLIANCES	81	204	3,323.67	16.29	.044	41.03	.71
OTHER OPTOMETRIC SERVICES	4	6	111.66	18.61	.001	27.92	.02
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.001	\$ 25.08	\$.01
VISITS	2	3	50.16	16.72	.001	25.08	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	50	68	\$ 1,512.41	\$ 22.24	.015	\$ 30.25	\$.32
MEDICINE/INJECTIONS	13	14	501.04	35.79	.003	38.54	.11
SURGERY/ANES.	3	3	39.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	36	51	972.37	19.07	.011	27.01	.21
@HOME HEALTH AGENCY	45	1,094	\$ 46,455.65	\$ 42.46	.235	\$ 1032.35	\$ 9.97
NURSE ANESTHESIST	4	39	\$ 288.78	\$ 7.40	.008	\$ 72.20	\$.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	2	3	\$ 85.20	\$ 28.40	.001	\$ 42.60	\$.02
@TOTAL HOSPITAL	1,086	5,644	\$ 552,698.45	\$ 97.93	1.212	\$ 508.93	\$ 118.66
HOSP INPATIENT TOTAL	78	437	425,011.90	972.57	.094	5448.87	91.24
HSC HOSPITALS	19	96	102,828.51	1071.13	.021	5412.03	22.08
NON-HSC HOSPITAL TOTAL	37	161	282,392.57	1753.99	.035	7632.23	60.63
ACCOMMODATIONS	36	161	83,798.09	520.49	.035	2327.72	17.99
ADMINISTRATIVE DAYS	2	10	2,280.49	228.05	.002	1140.25	.49
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	151	81,517.60	539.85	.032	2329.07	17.50
ANCILLARIES	37	0	198,594.48	.00	.000	5367.42	42.64

INPATIENT CROSSOVERS	26	180	39,790.82	221.06	.039	1530.42	8.54
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,054	5,207	127,686.55	24.52	1.118	121.14	27.41
MEDICAL	178	320	16,380.18	51.19	.069	92.02	3.52
SURGERY	41	54	3,975.68	73.62	.012	96.97	.85
PATHOLOGY	377	1,615	19,775.84	12.25	.347	52.46	4.25
RADIOLOGY	196	448	24,862.28	55.50	.096	126.85	5.34
ROOM USE	317	454	19,501.27	42.95	.097	61.52	4.19
CROSSOVERS/ALL OTH OUTPTNT	585	2,316	43,191.30	18.65	.497	73.83	9.27
@COUNTY HOSPITAL TOTAL	1	3	\$ 33.13	\$ 11.04	.001	\$ 33.13	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3	33.13	11.04	.001	33.13	.01
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	1.04	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	23.21	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	3	8.88	2.96	.001	8.88	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

					----- MONTHLY AVERAGE -----			
4,658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	1,085	5,641	\$ 552,665.32	\$ 97.97	1.211	\$ 509.37	\$ 118.65	
COMM HOSP INPATIENT TOTAL	78	437	425,011.90	972.57	.094	5448.87	91.24	
HSC HOSPITALS	19	96	102,828.51	1071.13	.021	5412.03	22.08	
NON-HSC HOSPITALS TOTAL	37	161	282,392.57	1753.99	.035	7632.23	60.63	
ACCOMMODATIONS	36	161	83,798.09	520.49	.035	2327.72	17.99	
ADMINISTRATIVE DAYS	2	10	2,280.49	228.05	.002	1140.25	.49	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	35	151	81,517.60	539.85	.032	2329.07	17.50	
ANCILLARIES	37	0	198,594.48	.00	.000	5367.42	42.64	
INPATIENT CROSSOVERS	26	180	39,790.82	221.06	.039	1530.42	8.54	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	1,053	5,204	127,653.42	24.53	1.117	121.23	27.41	
MEDICAL	178	320	16,380.18	51.19	.069	92.02	3.52	
SURGERY	41	54	3,975.68	73.62	.012	96.97	.85	
PATHOLOGY	377	1,615	19,774.80	12.24	.347	52.45	4.25	
RADIOLOGY	196	448	24,862.28	55.50	.096	126.85	5.34	
ROOM USE	317	454	19,478.06	42.90	.097	61.44	4.18	
CROSSOVERS/ALL OTH OUTPTNT	584	2,313	43,182.42	18.67	.497	73.94	9.27	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	16	465	\$ 55,842.01	\$ 120.09	.100	\$ 3490.13	\$ 11.99	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	

LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	465	55,842.01	120.09	.100	3490.13	11.99
@INTERMEDIATE CARE FACIL.-DD	12	364	\$ 54,297.88	\$ 149.17	.078	\$ 4524.82	\$ 11.66
ICF DDH	12	364	54,297.88	149.17	.078	4524.82	11.66
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	56	985	\$ 44,688.08	\$ 45.37	.211	\$ 798.00	\$ 9.59
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	56	985	44,688.08	45.37	.211	798.00	9.59
@REHABILITATION FACILITY	2	16	\$ 296.51	\$ 18.53	.003	\$ 148.26	\$.06
HOSPITAL BASED	2	16	296.51	18.53	.003	148.26	.06
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	153	446	\$ 7,170.78	\$ 16.08	.096	\$ 46.87	\$ 1.54
PATHOLOGY	150	442	7,149.54	16.18	.095	47.66	1.53
XO AND OTHERS	3	4	21.24	5.31	.001	7.08	.00
@ORGANIZED OUTPATIENT CLINIC	903	1,496	\$ 118,072.66	\$ 78.93	.321	\$ 130.76	\$ 25.35
CLINIC	22	44	6,331.03	143.89	.009	287.77	1.36
SURGICENTER	2	3	435.64	145.21	.001	217.82	.09
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	886	1,449	111,305.99	76.82	.311	125.63	23.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,604
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED						

4,658 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	753	48,329	\$ 123,703.28	\$ 2.56	10.375	\$ 164.28	\$ 26.56
DURABLE MED. EQUIP.	85	239	21,291.28	89.08	.051	250.49	4.57
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	25	2,889.23	115.57	.005	206.37	.62
MEDICAL TRANSPORTATION	92	6,663	30,368.15	4.56	1.430	330.09	6.52
AMBULANCES/AIR TRANS	48	350	8,697.08	24.85	.075	181.19	1.87
OTHER TRANS	28	5,829	15,086.93	2.59	1.251	538.82	3.24
OTHER SERVICES	22	484	6,584.14	13.60	.104	299.28	1.41
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	2	7	1,298.35	185.48	.002	649.18	.28
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	112	241	4,461.27	18.51	.052	39.83	.96
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	19	54	5,951.84	110.22	.012	313.25	1.28
PROSTHETICS	19	54	5,951.84	110.22	.012	313.25	1.28
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	15	65	2,784.18	42.83	.014	185.61	.60
HOSPICE SERVICES	2	39	5,129.71	131.53	.008	2564.86	1.10
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	41	6,896	17,462.26	2.53	1.480	425.91	3.75
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	424	34,100		32,067.01		.94	7.321	75.63	6.88
@CALIF. CHILDREN SERVICES*	50	577	\$	73,971.98	\$	128.20	.124	\$ 1479.44	\$ 15.88
@XOVER EXCLUDING STATE HOSP**	1,004	9,487	\$	136,929.45	\$	14.43	2.037	\$ 136.38	\$ 29.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

						----- MONTHLY AVERAGE -----		
6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	3,450	16,330	\$ 769,715.81	\$ 47.14	2.350	\$ 223.11	\$ 110.77	
@PHYSICIANS SERVICES	652	1,897	\$ 77,924.84	\$ 41.08	.273	\$ 119.52	\$ 11.21	
OUTPATIENT VISITS	429	541	18,143.80	33.54	.078	42.29	2.61	
OFFICE VISITS	299	368	11,599.00	31.52	.053	38.79	1.67	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	41	42	2,021.42	48.13	.006	49.30	.29	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	18	33	2,446.13	74.13	.005	135.90	.35	
OTHER OUTPATIENT	82	98	2,077.25	21.20	.014	25.33	.30	
INPATIENT VISITS	32	73	3,847.32	52.70	.011	120.23	.55	
HOSPITAL VISITS	32	70	3,157.65	45.11	.010	98.68	.45	
CRITICAL CARE	2	3	689.67	229.89	.000	344.84	.10	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	7	8	401.05	50.13	.001	57.29	.06	
EXAMINATIONS	7	8	401.05	50.13	.001	57.29	.06	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	35	125	24,789.56	198.32	.018	708.27	3.57	
PRINCIPAL SURGEON	27	31	21,639.22	698.04	.004	801.45	3.11	
ASSISTANT SURGEON	6	6	1,053.23	175.54	.001	175.54	.15	
ANESTHESIOLOGIST	8	88	2,097.11	23.83	.013	262.14	.30	

OUTPATIENT SURGERY	85	267		16,687.39	62.50	.038	196.32	2.40
PRINCIPAL SURGEON	68	120		12,897.32	107.48	.017	189.67	1.86
ASSISTANT SURGEON	3	3		514.49	171.50	.000	171.50	.07
ANESTHESIOLOGIST	21	144		3,275.58	22.75	.021	155.98	.47
DIALYSIS	3	38		711.52	18.72	.005	237.17	.10
PATHOLOGY	54	73		1,070.32	14.66	.011	19.82	.15
RADIOLOGY	112	158		6,479.47	41.01	.023	57.85	.93
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	15		159.17	10.61	.002	17.69	.02
OTHER SERVICES/ALL X-OVERS	70	599		5,635.24	9.41	.086	80.50	.81
@PHARMACY	1,700	4,581	\$	162,100.70	\$ 35.39	.659	\$ 95.35	\$ 23.33
PRESCRIPTION DRUGS	1,679	3,483		157,502.00	45.22	.501	93.81	22.67
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	1,679	3,483		157,502.00	45.22	.501	93.81	22.67
MEDICAL SUPPLIES	49	1,098		4,598.70	4.19	.158	93.85	.66
@DENTIST	221	1,051	\$	38,723.00	\$ 36.84	.151	\$ 175.22	\$ 5.57
VISITS - DIAGNOSTIC	158	606		10,008.00	16.51	.087	63.34	1.44
ORAL SURGERY	36	105		5,732.00	54.59	.015	159.22	.82
DRUGS	9	9		210.00	23.33	.001	23.33	.03
ANESTHESIA	5	5		500.00	100.00	.001	100.00	.07
PERIODONTICS	1	1		200.00	200.00	.000	200.00	.03
ENDODONTICS	20	54		5,017.00	92.91	.008	250.85	.72
RESTORATIVE DENTISTRY	72	231		12,523.00	54.21	.033	173.93	1.80
PROSTHETICS	1	1		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	6		1,119.00	186.50	.001	559.50	.16
SPACE MAINTAINERS	8	11		999.00	90.82	.002	124.88	.14
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	.17
ORTHODONTIC SERVICES	15	18		1,140.00	63.33	.003	76.00	.16
ALL OTHER SERVICES	3	3		75.00	25.00	.000	25.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,606
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COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES							

6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	92	225	\$ 5,421.29	\$ 24.09	.032	\$ 58.93	\$.78
DIAGNOSTIC AND ANC. PROCED	67	67	3,072.97	45.87	.010	45.87	.44
EYE APPLIANCES	62	157	2,336.91	14.88	.023	37.69	.34
OTHER OPTOMETRIC SERVICES	1	1	11.41	11.41	.000	11.41	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	12	\$ 581.00	\$ 48.42	.002	\$ 64.56	\$.08
MEDICINE/INJECTIONS	8	10	277.20	27.72	.001	34.65	.04
SURGERY/ANES.	1	2	303.80	151.90	.000	303.80	.04
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	15	42	\$ 2,712.74	\$ 64.59	.006	\$ 180.85	\$.39
NURSE ANESTHESIST	15	87	\$ 1,542.80	\$ 17.73	.013	\$ 102.85	\$.22
NURSE MIDWIFE	2	2	\$ 1,133.92	\$ 566.96	.000	\$ 566.96	\$.16
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	832	3,823	\$ 265,740.44	\$ 69.51	.550	\$ 319.40	\$ 38.24
HOSP INPATIENT TOTAL	41	140	158,104.09	1129.31	.020	3856.20	22.75
HSC HOSPITALS	5	20	24,662.02	1233.10	.003	4932.40	3.55

NON-HSC HOSPITAL TOTAL	36	120	133,442.07	1112.02	.017	3706.72	19.20
ACCOMMODATIONS	36	120	35,645.60	297.05	.017	990.16	5.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	36	120	35,645.60	297.05	.017	990.16	5.13
ANCILLARIES	36	0	97,796.47	.00	.000	2716.57	14.07
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	817	3,683	107,636.35	29.23	.530	131.75	15.49
MEDICAL	388	498	25,865.18	51.94	.072	66.66	3.72
SURGERY	73	94	6,000.87	63.84	.014	82.20	.86
PATHOLOGY	441	1,171	14,152.54	12.09	.169	32.09	2.04
RADIOLOGY	260	532	20,283.84	38.13	.077	78.01	2.92
ROOM USE	597	742	30,253.95	40.77	.107	50.68	4.35
CROSSOVERS/ALL OTH OUTPTNT	353	646	11,079.97	17.15	.093	31.39	1.59
@COUNTY HOSPITAL TOTAL	4	16	\$ 403.34	\$ 25.21	.002	\$ 100.84	\$.06
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	16	403.34	25.21	.002	100.84	.06
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	5	54.63	10.93	.001	54.63	.01
RADIOLOGY	1	1	24.02	24.02	.000	24.02	.00
ROOM USE	3	3	129.05	43.02	.000	43.02	.02
CROSSOVERS/ALL OTH OUTPTNT	4	7	195.64	27.95	.001	48.91	.03

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COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

					----- MONTHLY AVERAGE -----			
6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	828	3,807	\$ 265,337.10	\$ 69.70	.548	\$ 320.46	\$ 38.18	
COMM HOSP INPATIENT TOTAL	41	140	158,104.09	1129.31	.020	3856.20	22.75	
HSC HOSPITALS	5	20	24,662.02	1233.10	.003	4932.40	3.55	
NON-HSC HOSPITALS TOTAL	36	120	133,442.07	1112.02	.017	3706.72	19.20	
ACCOMMODATIONS	36	120	35,645.60	297.05	.017	990.16	5.13	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	36	120	35,645.60	297.05	.017	990.16	5.13	
ANCILLARIES	36	0	97,796.47	.00	.000	2716.57	14.07	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	813	3,667	107,233.01	29.24	.528	131.90	15.43	
MEDICAL	388	498	25,865.18	51.94	.072	66.66	3.72	
SURGERY	73	94	6,000.87	63.84	.014	82.20	.86	
PATHOLOGY	440	1,166	14,097.91	12.09	.168	32.04	2.03	
RADIOLOGY	259	531	20,259.82	38.15	.076	78.22	2.92	
ROOM USE	594	739	30,124.90	40.76	.106	50.72	4.34	

CROSSEOVERS/ALL OTH OUTPTNT	349	639		10,884.33		17.03	.092	31.19	1.57
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	232	\$	7,800.41	\$	33.62	.033	\$ 1560.08	\$ 1.12
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	5	232		7,800.41		33.62	.033	1560.08	1.12
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	182	436	\$	7,213.81	\$	16.55	.063	\$ 39.64	\$ 1.04
PATHOLOGY	182	436		7,213.81		16.55	.063	39.64	1.04
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1,407	2,140	\$	168,744.57	\$	78.85	.308	\$ 119.93	\$ 24.28
CLINIC	36	91		2,461.95		27.05	.013	68.39	.35
SURGICENTER	15	112		3,841.38		34.30	.016	256.09	.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,364	1,937		162,441.24		83.86	.279	119.09	23.38
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			----- MONTHLY AVERAGE -----					
6,949 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	271	1,802	\$ 30,076.29	\$ 16.69	.259	\$ 110.98	\$ 4.33	
DURABLE MED. EQUIP.	12	20	1,294.16	64.71	.003	107.85	.19	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	1	1	25.00	25.00	.000	25.00	.00	
MEDICAL TRANSPORTATION	31	560	13,249.08	23.66	.081	427.39	1.91	
AMBULANCES/AIR TRANS	31	555	7,825.36	14.10	.080	252.43	1.13	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	5	5	5,423.72	1084.74	.001	1084.74	.78	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	1	10	665.40	66.54	.001	665.40	.10	
GENETIC DISEASE TESTING	16	16	1,041.00	65.06	.002	65.06	.15	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	77	182	1,736.55	9.54	.026	22.55	.25	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	3	5	343.65	68.73	.001	114.55	.05	
PROSTHETICS	3	5	343.65	68.73	.001	114.55	.05	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	1	2	208.94	104.47	.000	208.94	.03	
SPEECH AND AUDIOLOGY	2	4	179.12	44.78	.001	89.56	.03	

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	131	1,002	11,333.39	11.31	.144	86.51	1.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	167	\$ 26,146.51	\$ 156.57	.024	\$ 1376.13	\$ 3.76
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,609
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE		

14,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	9,169	133,023	\$ 3,901,823.50	\$ 29.33	9.370	\$ 425.55	\$ 274.85
@PHYSICIANS SERVICES	1,993	6,244	\$ 216,368.68	\$ 34.65	.440	\$ 108.56	\$ 15.24
OUTPATIENT VISITS	862	1,155	39,690.80	34.36	.081	46.05	2.80
OFFICE VISITS	600	768	24,945.94	32.48	.054	41.58	1.76
HOME VISITS	12	17	745.90	43.88	.001	62.16	.05
EMERGENCY ROOM	88	101	5,500.61	54.46	.007	62.51	.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	19	34	2,572.44	75.66	.002	135.39	.18
OTHER OUTPATIENT	188	235	5,925.91	25.22	.017	31.52	.42
INPATIENT VISITS	94	338	18,683.96	55.28	.024	198.77	1.32
HOSPITAL VISITS	89	300	14,043.83	46.81	.021	157.80	.99
CRITICAL CARE	15	36	4,554.33	126.51	.003	303.62	.32
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.000	42.90	.01
OPHTHALMOLOGICAL SERVICES	42	55	2,419.64	43.99	.004	57.61	.17
EXAMINATIONS	42	55	2,419.64	43.99	.004	57.61	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	340	40,906.33	120.31	.024	610.54	2.88
PRINCIPAL SURGEON	52	68	34,165.16	502.43	.005	657.02	2.41
ASSISTANT SURGEON	8	8	1,405.98	175.75	.001	175.75	.10
ANESTHESIOLOGIST	18	264	5,335.19	20.21	.019	296.40	.38
OUTPATIENT SURGERY	149	455	41,903.50	92.10	.032	281.23	2.95
PRINCIPAL SURGEON	126	207	35,163.80	169.87	.015	279.08	2.48
ASSISTANT SURGEON	5	5	991.41	198.28	.000	198.28	.07
ANESTHESIOLOGIST	36	243	5,748.29	23.66	.017	159.67	.40
DIALYSIS	14	128	3,541.54	27.67	.009	252.97	.25
PATHOLOGY	98	189	3,163.28	16.74	.013	32.28	.22
RADIOLOGY	285	479	22,703.08	47.40	.034	79.66	1.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	57	1,075.28	18.86	.004	24.44	.08
OTHER SERVICES/ALL X-OVERS	893	3,048	42,281.27	13.87	.215	47.35	2.98
@PHARMACY	6,616	46,789	\$ 1,884,403.10	\$ 40.27	3.296	\$ 284.83	\$ 132.74
PRESCRIPTION DRUGS	6,509	23,450	1,818,801.53	77.56	1.652	279.43	128.12
SNF/ICF	40	249	12,973.98	52.10	.018	324.35	.91
OUTPATIENTS	6,478	23,201	1,805,827.55	77.83	1.634	278.76	127.21
MEDICAL SUPPLIES	547	23,339	65,601.57	2.81	1.644	119.93	4.62
@DENTIST	447	2,052	\$ 89,261.00	\$ 43.50	.145	\$ 199.69	\$ 6.29
VISITS - DIAGNOSTIC	303	1,209	17,859.00	14.77	.085	58.94	1.26
ORAL SURGERY	66	233	12,866.00	55.22	.016	194.94	.91

DRUGS	9	9	210.00	23.33	.001	23.33	.01
ANESTHESIA	11	11	1,100.00	100.00	.001	100.00	.08
PERIODONTICS	29	30	5,390.00	179.67	.002	185.86	.38
ENDODONTICS	27	63	6,987.00	110.90	.004	258.78	.49
RESTORATIVE DENTISTRY	128	379	25,841.00	68.18	.027	201.88	1.82
PROSTHETICS	8	8	170.00	21.25	.001	21.25	.01
DENTURES, STAYPLATES	34	73	15,224.00	208.55	.005	447.76	1.07
SPACE MAINTAINERS	8	11	999.00	90.82	.001	124.88	.07
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.08
ORTHODONTIC SERVICES	17	21	1,265.00	60.24	.001	74.41	.09
ALL OTHER SERVICES	4	4	150.00	37.50	.000	37.50	.01

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COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

14,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	231	572	\$ 12,127.24	\$ 21.20	.040	\$ 52.50	\$.85
DIAGNOSTIC AND ANC. PROCED	106	106	4,805.46	45.33	.007	45.33	.34
EYE APPLIANCES	181	452	7,130.94	15.78	.032	39.40	.50
OTHER OPTOMETRIC SERVICES	8	14	190.84	13.63	.001	23.86	.01
@CHIROPRACTOR	2	3	\$ 50.16	\$ 16.72	.000	\$ 25.08	\$.00
VISITS	2	3	50.16	16.72	.000	25.08	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	142	174	\$ 2,926.03	\$ 16.82	.012	\$ 20.61	\$.21
MEDICINE/INJECTIONS	21	24	778.24	32.43	.002	37.06	.05
SURGERY/ANES.	4	5	342.80	68.56	.000	85.70	.02
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	119	145	1,804.99	12.45	.010	15.17	.13
@HOME HEALTH AGENCY	60	1,136	\$ 49,168.39	\$ 43.28	.080	\$ 819.47	\$ 3.46
NURSE ANESTHESIST	20	135	\$ 1,855.15	\$ 13.74	.010	\$ 92.76	\$.13

NURSE MIDWIFE	2	2	\$	1,133.92	\$	566.96	.000	\$	566.96	\$	.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	2	3	\$	85.20	\$	28.40	.000	\$	42.60	\$	.01
@TOTAL HOSPITAL	2,330	11,450	\$	905,350.19	\$	79.07	.807	\$	388.56	\$	63.78
HOSP INPATIENT TOTAL	158	802		643,516.21		802.39	.056		4072.89		45.33
HSC HOSPITALS	27	124		135,684.42		1094.23	.009		5025.35		9.56
NON-HSC HOSPITAL TOTAL	76	304		440,624.42		1449.42	.021		5797.69		31.04
ACCOMMODATIONS	74	304		132,124.46		434.62	.021		1785.47		9.31
ADMINISTRATIVE DAYS	2	10		2,280.49		228.05	.001		1140.25		.16
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	73	294		129,843.97		441.65	.021		1778.68		9.15
ANCILLARIES	76	0		308,499.96		.00	.000		4059.21		21.73
INPATIENT CROSSOVERS	59	374		67,207.37		179.70	.026		1139.11		4.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,264	10,648		261,833.98		24.59	.750		115.65		18.44
MEDICAL	580	874		44,995.42		51.48	.062		77.58		3.17
SURGERY	116	150		10,102.30		67.35	.011		87.09		.71
PATHOLOGY	840	2,933		35,490.48		12.10	.207		42.25		2.50
RADIOLOGY	469	1,020		47,082.82		46.16	.072		100.39		3.32
ROOM USE	939	1,250		52,010.76		41.61	.088		55.39		3.66
CROSSOVERS/ALL OTH OUTPTNT	1,315	4,421		72,152.20		16.32	.311		54.87		5.08
@COUNTY HOSPITAL TOTAL	6	21	\$	2,210.36	\$	105.26	.001	\$	368.39	\$	.16
CO HOSPITAL INPATIENT TOTAL	1	2		1,773.89		886.95	.000		1773.89		.12
HSC HOSPITALS	1	2		1,773.89		886.95	.000		1773.89		.12
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	19		436.47		22.97	.001		87.29		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	5		55.67		11.13	.000		55.67		.00
RADIOLOGY	1	1		24.02		24.02	.000		24.02		.00
ROOM USE	3	3		152.26		50.75	.000		50.75		.01
CROSSOVERS/ALL OTH OUTPTNT	5	10		204.52		20.45	.001		40.90		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,611
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE										

						----- MONTHLY AVERAGE -----		
14,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	2,324	11,429	\$ 903,139.83	\$ 79.02	.805	\$ 388.61	\$ 63.62	
COMM HOSP INPATIENT TOTAL	157	800	641,742.32	802.18	.056	4087.53	45.21	
HSC HOSPITALS	26	122	133,910.53	1097.63	.009	5150.41	9.43	
NON-HSC HOSPITALS TOTAL	76	304	440,624.42	1449.42	.021	5797.69	31.04	
ACCOMMODATIONS	74	304	132,124.46	434.62	.021	1785.47	9.31	
ADMINISTRATIVE DAYS	2	10	2,280.49	228.05	.001	1140.25	.16	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	73	294	129,843.97	441.65	.021	1778.68	9.15	
ANCILLARIES	76	0	308,499.96	.00	.000	4059.21	21.73	
INPATIENT CROSSOVERS	59	374	67,207.37	179.70	.026	1139.11	4.73	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	

COMM HOSP OUTPATIENT TOTAL	2,259	10,629		261,397.51		24.59	.749	115.71	18.41
MEDICAL	580	874		44,995.42		51.48	.062	77.58	3.17
SURGERY	116	150		10,102.30		67.35	.011	87.09	.71
PATHOLOGY	839	2,928		35,434.81		12.10	.206	42.23	2.50
RADIOLOGY	468	1,019		47,058.80		46.18	.072	100.55	3.31
ROOM USE	936	1,247		51,858.50		41.59	.088	55.40	3.65
CROSSOVERS/ALL OTH OUTPTNT	1,310	4,411		71,947.68		16.31	.311	54.92	5.07
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	36	1,049	\$	115,493.13	\$	110.10	.074	\$ 3208.14	\$ 8.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	36	1,049		115,493.13		110.10	.074	3208.14	8.14
@INTERMEDIATE CARE FACIL.-DD	12	364	\$	54,297.88	\$	149.17	.026	\$ 4524.82	\$ 3.82
ICF DDH	12	364		54,297.88		149.17	.026	4524.82	3.82
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	75	1,235	\$	58,557.96	\$	47.42	.087	\$ 780.77	\$ 4.12
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	75	1,235		58,557.96		47.42	.087	780.77	4.12
@REHABILITATION FACILITY	2	16	\$	296.51	\$	18.53	.001	\$ 148.26	\$.02
HOSPITAL BASED	2	16		296.51		18.53	.001	148.26	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	346	923	\$	14,769.73	\$	16.00	.065	\$ 42.69	\$ 1.04
PATHOLOGY	340	914		14,715.17		16.10	.064	43.28	1.04
XO AND OTHERS	6	9		54.56		6.06	.001	9.09	.00
@ORGANIZED OUTPATIENT CLINIC	2,608	4,078	\$	306,710.81	\$	75.21	.287	\$ 117.60	\$ 21.61
CLINIC	60	139		8,834.52		63.56	.010	147.24	.62
SURGICENTER	22	120		5,235.92		43.63	.008	238.00	.37
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2,543	3,819		292,640.37		76.63	.269	115.08	20.61

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

					----- MONTHLY AVERAGE -----			
14,196 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,332	56,798	\$ 188,968.42	\$ 3.33	4.001	\$ 141.87	\$ 13.31	
DURABLE MED. EQUIP.	105	270	23,065.72	85.43	.019	219.67	1.62	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	23	36	4,593.41	127.59	.003	199.71	.32	
MEDICAL TRANSPORTATION	159	9,319	54,425.22	5.84	.656	342.30	3.83	
AMBULANCES/AIR TRANS	84	945	17,243.14	18.25	.067	205.28	1.21	
OTHER TRANS	40	7,627	23,196.32	3.04	.537	579.91	1.63	
OTHER SERVICES	46	747	13,985.76	18.72	.053	304.04	.99	
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00	
ADULT DAY HEALTH CARE CTR	1	10	665.40	66.54	.001	665.40	.05	
GENETIC DISEASE TESTING	16	16	1,041.00	65.06	.001	65.06	.07	
IHMC,MODEL-NF,NF,AIDS,MSSP	6	45	3,003.35	66.74	.003	500.56	.21	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	239	539	7,876.65	14.61	.038	32.96	.55	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	25	65	6,561.79	100.95	.005	262.47	.46
PROSTHETICS	25	65	6,561.79	100.95	.005	262.47	.46
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	208.94	104.47	.000	208.94	.01
SPEECH AND AUDIOLOGY	21	75	3,076.55	41.02	.005	146.50	.22
HOSPICE SERVICES	3	40	5,129.71	128.24	.003	1709.90	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	176	9,826	31,345.25	3.19	.692	178.10	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	625	36,553	47,932.18	1.31	2.575	76.69	3.38
@CALIF. CHILDREN SERVICES*	70	746	\$ 100,179.49	\$ 134.29	.053	\$ 1431.14	\$ 7.06
@XOVER EXCLUDING STATE HOSP**	1,826	13,641	\$ 218,657.61	\$ 16.03	.961	\$ 119.75	\$ 15.40

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,613
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

1,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	914	6,731	\$ 307,705.41	\$ 45.71	5.572	\$ 336.66	\$ 254.72	
@PHYSICIANS SERVICES	171	541	\$ 10,832.55	\$ 20.02	.448	\$ 63.35	\$ 8.97	
OUTPATIENT VISITS	25	35	1,162.43	33.21	.029	46.50	.96	
OFFICE VISITS	18	26	723.32	27.82	.022	40.18	.60	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	4	4	329.11	82.28	.003	82.28	.27	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	4	5	110.00	22.00	.004	27.50	.09	
INPATIENT VISITS	2	4	216.16	54.04	.003	108.08	.18	
HOSPITAL VISITS	2	4	216.16	54.04	.003	108.08	.18	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	5	7	269.34	38.48	.006	53.87	.22	
EXAMINATIONS	5	7	269.34	38.48	.006	53.87	.22	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	7	18	2,778.49	154.36	.015	396.93	2.30	
PRINCIPAL SURGEON	6	6	2,556.58	426.10	.005	426.10	2.12	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	2	12	221.91	18.49	.010	110.96	.18	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	3	4	20.78	5.20	.003	6.93	.02	
RADIOLOGY	15	22	611.42	27.79	.018	40.76	.51	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	4	6	46.58	7.76	.005	11.65	.04	
OTHER SERVICES/ALL X-OVERS	145	445	5,727.35	12.87	.368	39.50	4.74	
@PHARMACY	769	4,286	\$ 180,651.53	\$ 42.15	3.548	\$ 234.92	\$ 149.55	
PRESCRIPTION DRUGS	761	2,535	175,843.11	69.37	2.099	231.07	145.57	

SNF/ICF	22	70		2,803.10	40.04	.058	127.41	2.32
OUTPATIENTS	739	2,465		173,040.01	70.20	2.041	234.15	143.25
MEDICAL SUPPLIES	35	1,751		4,808.42	2.75	1.450	137.38	3.98
@DENTIST	23	65	\$	3,914.00	\$ 60.22	.054	\$ 170.17	\$ 3.24
VISITS - DIAGNOSTIC	17	44		768.00	17.45	.036	45.18	.64
ORAL SURGERY	6	11		457.00	41.55	.009	76.17	.38
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	1	1		330.00	330.00	.001	330.00	.27
RESTORATIVE DENTISTRY	3	5		559.00	111.80	.004	186.33	.46
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	4		1,800.00	450.00	.003	900.00	1.49
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - AGED

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1,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	19	40	\$ 1,008.68	\$ 25.22	.033	\$ 53.09	\$.84
DIAGNOSTIC AND ANC. PROCED	11	11	521.95	47.45	.009	47.45	.43
EYE APPLIANCES	12	29	486.73	16.78	.024	40.56	.40
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	26	30	\$ 338.27	\$ 11.28	.025	\$ 13.01	\$.28
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	26	30	338.27	11.28	.025	13.01	.28
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	2	\$ 70.75	\$ 35.38	.002	\$ 70.75	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	175	629	\$ 23,631.13	\$ 37.57	.521	\$ 135.04	\$ 19.56
HOSP INPATIENT TOTAL	12	35	11,646.09	332.75	.029	970.51	9.64
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	6	5,552.96	925.49	.005	2776.48	4.60
ACCOMMODATIONS	2	6	2,297.84	382.97	.005	1148.92	1.90
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	2,297.84	382.97	.005	1148.92	1.90
ANCILLARIES	2	0	3,255.12	.00	.000	1627.56	2.69
INPATIENT CROSSOVERS	10	29	6,093.13	210.11	.024	609.31	5.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	165	594	11,985.04	20.18	.492	72.64	9.92
MEDICAL	10	21	969.27	46.16	.017	96.93	.80
SURGERY	3	4	331.55	82.89	.003	110.52	.27
PATHOLOGY	17	54	746.27	13.82	.045	43.90	.62

RADIOLOGY	9	13	937.99	72.15	.011	104.22	.78
ROOM USE	13	19	916.55	48.24	.016	70.50	.76
CROSSOVERS/ALL OTH OUTPTNT	144	483	8,083.41	16.74	.400	56.13	6.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,615
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED						AID CODE 14 1H 1U

	1,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	175	629	\$	23,631.13	\$ 37.57	.521	\$ 135.04	\$ 19.56
COMM HOSP INPATIENT TOTAL	12	35		11,646.09	332.75	.029	970.51	9.64
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	6		5,552.96	925.49	.005	2776.48	4.60
ACCOMMODATIONS	2	6		2,297.84	382.97	.005	1148.92	1.90

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	2,297.84	382.97	.005	1148.92	1.90
ANCILLARIES	2	0	3,255.12	.00	.000	1627.56	2.69
INPATIENT CROSSOVERS	10	29	6,093.13	210.11	.024	609.31	5.04
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	165	594	11,985.04	20.18	.492	72.64	9.92
MEDICAL	10	21	969.27	46.16	.017	96.93	.80
SURGERY	3	4	331.55	82.89	.003	110.52	.27
PATHOLOGY	17	54	746.27	13.82	.045	43.90	.62
RADIOLOGY	9	13	937.99	72.15	.011	104.22	.78
ROOM USE	13	19	916.55	48.24	.016	70.50	.76
CROSSOVERS/ALL OTH OUTPTNT	144	483	8,083.41	16.74	.400	56.13	6.69
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	418	54,520.99	130.43	.346	3207.12	45.13
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	4	483.72	120.93	.003	483.72	.40
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	414	54,037.27	130.52	.343	3377.33	44.73
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14	23	11,054.79	480.64	.019	789.63	9.15
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14	23	11,054.79	480.64	.019	789.63	9.15
@REHABILITATION FACILITY	0	0	.00	.00	.000	.00	.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	20	287.79	14.39	.017	26.16	.24
PATHOLOGY	8	17	248.33	14.61	.014	31.04	.21
XO AND OTHERS	3	3	39.46	13.15	.002	13.15	.03
@ORGANIZED OUTPATIENT CLINIC	134	220	14,820.93	67.37	.182	110.60	12.27
CLINIC	3	4	81.55	20.39	.003	27.18	.07
SURGICENTER	1	5	313.00	62.60	.004	313.00	.26
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	130	211	14,426.38	68.37	.175	110.97	11.94
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,616
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U						

		----- MONTHLY AVERAGE -----						
1,208 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	76	457	\$ 6,574.00	\$ 14.39	.378	\$ 86.50	\$ 5.44	
DURABLE MED. EQUIP.	3	4	231.35	57.84	.003	77.12	.19	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	3	4	1,539.66	384.92	.003	513.22	1.27	
MEDICAL TRANSPORTATION	10	286	612.52	2.14	.237	61.25	.51	
AMBULANCES/AIR TRANS	1	3	137.96	45.99	.002	137.96	.11	
OTHER TRANS	3	51	147.64	2.89	.042	49.21	.12	
OTHER SERVICES	6	232	326.92	1.41	.192	54.49	.27	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	536.56	13.09	.034	29.81	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	137.33	34.33	.003	45.78	.11
PROSTHETICS	3	4	137.33	34.33	.003	45.78	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	536.17	89.36	.005	178.72	.44
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	37	112	2,980.41	26.61	.093	80.55	2.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	320	2,041	\$ 42,593.27	\$ 20.87	1.690	\$ 133.10	\$ 35.26

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,617
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND

AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1	2	\$ 226.43	\$ 113.22	.000	\$ 226.43	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	2	\$	226.43	\$	113.22	.000	\$ 226.43	\$.00
PRESCRIPTION DRUGS	1	2		226.43		113.22	.000	226.43	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	2		226.43		113.22	.000	226.43	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								
MOP024	FEE-FOR-SERVICE/DENTAL								
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - BLIND								
									PAGE 1,618
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,619
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00

LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,620
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,621
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G	

581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	506	20,122	\$ 455,973.14	\$ 22.66	34.633	\$ 901.13	\$ 784.81
@PHYSICIANS SERVICES	108	634	\$ 15,772.94	\$ 24.88	1.091	\$ 146.05	\$ 27.15
OUTPATIENT VISITS	15	19	897.03	47.21	.033	59.80	1.54
OFFICE VISITS	11	12	527.72	43.98	.021	47.97	.91
HOME VISITS	1	2	97.20	48.60	.003	97.20	.17
EMERGENCY ROOM	2	2	68.98	34.49	.003	34.49	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	203.13	67.71	.005	67.71	.35
INPATIENT VISITS	5	52	2,642.96	50.83	.090	528.59	4.55
HOSPITAL VISITS	5	45	1,791.76	39.82	.077	358.35	3.08
CRITICAL CARE	2	7	851.20	121.60	.012	425.60	1.47
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	29.72	29.72	.002	29.72	.05
EXAMINATIONS	1	1	29.72	29.72	.002	29.72	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	74	5,396.59	72.93	.127	899.43	9.29
PRINCIPAL SURGEON	5	21	4,446.68	211.75	.036	889.34	7.65
ASSISTANT SURGEON	1	1	231.75	231.75	.002	231.75	.40
ANESTHESIOLOGIST	2	52	718.16	13.81	.090	359.08	1.24

OUTPATIENT SURGERY	7	8		1,399.33	174.92	.014	199.90	2.41
PRINCIPAL SURGEON	7	8		1,399.33	174.92	.014	199.90	2.41
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	1	12		199.44	16.62	.021	199.44	.34
PATHOLOGY	2	2		72.93	36.47	.003	36.47	.13
RADIOLOGY	8	35		489.04	13.97	.060	61.13	.84
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	83	431		4,645.90	10.78	.742	55.97	8.00
@PHARMACY	413	2,144	\$	149,786.14	\$ 69.86	3.690	\$ 362.68	\$ 257.81
PRESCRIPTION DRUGS	405	1,555		146,948.18	94.50	2.676	362.84	252.92
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	405	1,555		146,948.18	94.50	2.676	362.84	252.92
MEDICAL SUPPLIES	28	589		2,837.96	4.82	1.014	101.36	4.88
@DENTIST	19	101	\$	6,488.00	\$ 64.24	.174	\$ 341.47	\$ 11.17
VISITS - DIAGNOSTIC	11	38		634.00	16.68	.065	57.64	1.09
ORAL SURGERY	3	36		1,830.00	50.83	.062	610.00	3.15
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.002	100.00	.17
PERIODONTICS	2	2		200.00	100.00	.003	100.00	.34
ENDODONTICS	1	2		660.00	330.00	.003	660.00	1.14
RESTORATIVE DENTISTRY	5	16		2,024.00	126.50	.028	404.80	3.48
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	6		1,040.00	173.33	.010	346.67	1.79
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,622
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G							
581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	13	34 \$	555.60	\$ 16.34	.059	\$ 42.74	\$.96	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.08	
EYE APPLIANCES	11	29	501.23	17.28	.050	45.57	.86	
OTHER OPTOMETRIC SERVICES	2	4	6.92	1.73	.007	3.46	.01	
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	9	46 \$	3,374.20	\$ 73.35	.079	\$ 374.91	\$ 5.81	
NURSE ANESTHESIST	1	5 \$	18.62	\$ 3.72	.009	\$ 18.62	\$.03	
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	111	613 \$	233,217.45	\$ 380.45	1.055	\$ 2101.06	\$ 401.41	
HOSP INPATIENT TOTAL	14	130	223,983.46	1722.95	.224	15998.82	385.51	
HSC HOSPITALS	3	54	75,094.00	1390.63	.093	25031.33	129.25	

NON-HSC HOSPITAL TOTAL	4	50	143,029.00	2860.58	.086	35757.25	246.18
ACCOMMODATIONS	4	50	66,892.91	1337.86	.086	16723.23	115.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	50	66,892.91	1337.86	.086	16723.23	115.13
ANCILLARIES	4	0	76,136.09	.00	.000	19034.02	131.04
INPATIENT CROSSOVERS	8	26	5,860.46	225.40	.045	732.56	10.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	100	483	9,233.99	19.12	.831	92.34	15.89
MEDICAL	6	10	268.61	26.86	.017	44.77	.46
SURGERY	3	3	117.24	39.08	.005	39.08	.20
PATHOLOGY	16	73	885.19	12.13	.126	55.32	1.52
RADIOLOGY	4	6	723.58	120.60	.010	180.90	1.25
ROOM USE	18	33	1,328.51	40.26	.057	73.81	2.29
CROSSOVERS/ALL OTH OUTPTNT	78	358	5,910.86	16.51	.616	75.78	10.17
@COUNTY HOSPITAL TOTAL	2	47	\$ 63,544.00	\$ 1352.00	.081	\$ 31772.00	\$ 109.37
CO HOSPITAL INPATIENT TOTAL	2	47	63,544.00	1352.00	.081	31772.00	109.37
HSC HOSPITALS	2	47	63,544.00	1352.00	.081	31772.00	109.37
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,623
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	566	\$ 169,673.45	\$ 299.78	.974	\$ 1542.49	\$ 292.04
COMM HOSP INPATIENT TOTAL	13	83	160,439.46	1933.01	.143	12341.50	276.14
HSC HOSPITALS	1	7	11,550.00	1650.00	.012	11550.00	19.88
NON-HSC HOSPITALS TOTAL	4	50	143,029.00	2860.58	.086	35757.25	246.18
ACCOMMODATIONS	4	50	66,892.91	1337.86	.086	16723.23	115.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	50	66,892.91	1337.86	.086	16723.23	115.13
ANCILLARIES	4	0	76,136.09	.00	.000	19034.02	131.04
INPATIENT CROSSOVERS	8	26	5,860.46	225.40	.045	732.56	10.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	483	9,233.99	19.12	.831	92.34	15.89
MEDICAL	6	10	268.61	26.86	.017	44.77	.46
SURGERY	3	3	117.24	39.08	.005	39.08	.20
PATHOLOGY	16	73	885.19	12.13	.126	55.32	1.52
RADIOLOGY	4	6	723.58	120.60	.010	180.90	1.25
ROOM USE	18	33	1,328.51	40.26	.057	73.81	2.29

CROSSOVERS/ALL OTH OUTPTNT	78	358		5,910.86	16.51	.616	75.78	10.17
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	9	76	\$	7,057.37	\$ 92.86	.131	\$ 784.15	\$ 12.15
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	9	76		7,057.37	92.86	.131	784.15	12.15
@REHABILITATION FACILITY	1	1	\$	50.47	\$ 50.47	.002	\$ 50.47	\$.09
HOSPITAL BASED	1	1		50.47	50.47	.002	50.47	.09
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	11	28	\$	291.95	\$ 10.43	.048	\$ 26.54	\$.50
PATHOLOGY	9	25		269.90	10.80	.043	29.99	.46
XO AND OTHERS	2	3		22.05	7.35	.005	11.03	.04
@ORGANIZED OUTPATIENT CLINIC	121	175	\$	9,995.37	\$ 57.12	.301	\$ 82.61	\$ 17.20
CLINIC	4	4		579.95	144.99	.007	144.99	1.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	119	171		9,415.42	55.06	.294	79.12	16.21

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

PAGE 1,624 01/17/03

581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	81	16,265	\$ 29,365.03	\$ 1.81	27.995	\$ 362.53	\$ 50.54
DURABLE MED. EQUIP.	8	32	16,306.88	509.59	.055	2038.36	28.07
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	2	50.00	25.00	.003	50.00	.09
MEDICAL TRANSPORTATION	8	491	5,988.16	12.20	.845	748.52	10.31
AMBULANCES/AIR TRANS	3	231	3,348.93	14.50	.398	1116.31	5.76
OTHER TRANS	3	214	793.96	3.71	.368	264.65	1.37
OTHER SERVICES	3	46	1,845.27	40.11	.079	615.09	3.18
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	11	33	433.31	13.13	.057	39.39	.75
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	12	949.67	79.14	.021	316.56	1.63
PROSTHETICS	3	12	949.67	79.14	.021	316.56	1.63
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	8.87	4.44	.003	8.87	.02

HOSPICE SERVICES	0	0	36.61	.00	.000	.00	.06
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	31	308.20	9.94	.053	44.03	.53
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	15,662	5,283.33	.34	26.957	112.41	9.09
@CALIF. CHILDREN SERVICES*	3	16	\$ 12,197.03	\$ 762.31	.028	\$ 4065.68	\$ 20.99
@XOVER EXCLUDING STATE HOSP**	167	1,412	\$ 22,608.67	\$ 16.01	2.430	\$ 135.38	\$ 38.91

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,625
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J	

	28,108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,826	56,244	\$ 3,035,070.33	\$ 53.96	2.001	\$ 256.64	\$ 107.98	
@PHYSICIANS SERVICES	2,727	6,024	\$ 338,271.07	\$ 56.15	.214	\$ 124.05	\$ 12.03	
OUTPATIENT VISITS	1,789	2,378	86,300.28	36.29	.085	48.24	3.07	
OFFICE VISITS	1,351	1,692	53,095.54	31.38	.060	39.30	1.89	
HOME VISITS	2	2	68.60	34.30	.000	34.30	.00	
EMERGENCY ROOM	125	136	6,999.78	51.47	.005	56.00	.25	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	133	239	19,062.16	79.76	.009	143.32	.68	
OTHER OUTPATIENT	239	309	7,074.20	22.89	.011	29.60	.25	
INPATIENT VISITS	173	466	26,140.99	56.10	.017	151.10	.93	
HOSPITAL VISITS	168	417	19,160.15	45.95	.015	114.05	.68	
CRITICAL CARE	17	49	6,980.84	142.47	.002	410.64	.25	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	78	89	4,023.03	45.20	.003	51.58	.14	

EXAMINATIONS	78	89		4,023.03	45.20	.003	51.58	.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	165	367		119,019.05	324.30	.013	721.33	4.23
PRINCIPAL SURGEON	130	144		110,933.25	770.37	.005	853.33	3.95
ASSISTANT SURGEON	18	17		2,734.59	160.86	.001	151.92	.10
ANESTHESIOLOGIST	24	206		5,351.21	25.98	.007	222.97	.19
OUTPATIENT SURGERY	274	627		49,073.31	78.27	.022	179.10	1.75
PRINCIPAL SURGEON	241	314		41,108.39	130.92	.011	170.57	1.46
ASSISTANT SURGEON	3	3		261.73	87.24	.000	87.24	.01
ANESTHESIOLOGIST	44	310		7,703.19	24.85	.011	175.07	.27
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	364	529		5,311.97	10.04	.019	14.59	.19
RADIOLOGY	414	560		23,779.89	42.46	.020	57.44	.85
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	35	117		2,334.78	19.96	.004	66.71	.08
OTHER SERVICES/ALL X-OVERS	377	891		22,287.77	25.01	.032	59.12	.79
@PHARMACY	5,904	18,996	\$	646,741.62	\$ 34.05	.676	\$ 109.54	\$ 23.01
PRESCRIPTION DRUGS	5,815	13,029		627,354.41	48.15	.464	107.89	22.32
SNF/ICF	1	19		2,749.14	144.69	.001	2749.14	.10
OUTPATIENTS	5,815	13,010		624,605.27	48.01	.463	107.41	22.22
MEDICAL SUPPLIES	229	5,967		19,387.21	3.25	.212	84.66	.69
@DENTIST	742	3,599	\$	138,952.45	\$ 38.61	.128	\$ 187.27	\$ 4.94
VISITS - DIAGNOSTIC	471	2,134		30,323.45	14.21	.076	64.38	1.08
ORAL SURGERY	100	212		14,314.20	67.52	.008	143.14	.51
DRUGS	14	18		346.68	19.26	.001	24.76	.01
ANESTHESIA	17	17		1,700.00	100.00	.001	100.00	.06
PERIODONTICS	40	40		7,400.00	185.00	.001	185.00	.26
ENDODONTICS	47	139		15,223.50	109.52	.005	323.90	.54
RESTORATIVE DENTISTRY	271	897		57,135.75	63.70	.032	210.83	2.03
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	28		2,209.50	78.91	.001	245.50	.08
SPACE MAINTAINERS	11	12		1,127.37	93.95	.000	102.49	.04
MAXILLOFACIAL SERVICES	7	10		292.00	29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	73	87		8,580.00	98.62	.003	117.53	.31
ALL OTHER SERVICES	5	5		300.00	60.00	.000	60.00	.01

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

PAGE 1,626 01/17/03

	28,108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST		285	692	\$ 17,096.92	\$ 24.71	.025	\$ 59.99	\$.61
DIAGNOSTIC AND ANC. PROCED		198	200	9,348.48	46.74	.007	47.21	.33
EYE APPLIANCES		182	484	7,476.22	15.45	.017	41.08	.27
OTHER OPTOMETRIC SERVICES		8	8	272.22	34.03	.000	34.03	.01
@CHIROPRACTOR		11	16	\$ 267.52	\$ 16.72	.001	\$ 24.32	\$.01
VISITS		11	16	267.52	16.72	.001	24.32	.01
OTHER SERVICES		0	0	.00	.00	.000	.00	.00
@PODIATRIST		8	9	\$ 313.00	\$ 34.78	.000	\$ 39.13	\$.01
MEDICINE/INJECTIONS		8	9	313.00	34.78	.000	39.13	.01
SURGERY/ANES.		0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY		0	0	.00	.00	.000	.00	.00
OTHER		0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY		61	124	\$ 7,001.41	\$ 56.46	.004	\$ 114.78	\$.25
NURSE ANESTHESIST		57	290	\$ 5,465.74	\$ 18.85	.010	\$ 95.89	\$.19

----- MONTHLY AVERAGE -----

NURSE MIDWIFE	7	14	\$	2,804.70	\$	200.34	.000	\$	400.67	\$	.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2,819	12,181	\$	1,176,931.79	\$	96.62	.433	\$	417.50	\$	41.87
HOSP INPATIENT TOTAL	189	628		853,359.95		1358.85	.022		4515.13		30.36
HSC HOSPITALS	28	122		146,242.03		1198.71	.004		5222.93		5.20
NON-HSC HOSPITAL TOTAL	160	503		706,854.45		1405.28	.018		4417.84		25.15
ACCOMMODATIONS	160	503		148,115.08		294.46	.018		925.72		5.27
ADMINISTRATIVE DAYS	0	0		184.68CR		.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	160	503		148,299.76		294.83	.018		926.87		5.28
ANCILLARIES	160	0		558,739.37		.00	.000		3492.12		19.88
INPATIENT CROSSOVERS	1	3		263.47		87.82	.000		263.47		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,729	11,553		323,571.84		28.01	.411		118.57		11.51
MEDICAL	878	1,259		62,158.73		49.37	.045		70.80		2.21
SURGERY	194	261		17,366.52		66.54	.009		89.52		.62
PATHOLOGY	1,465	4,465		53,116.01		11.90	.159		36.26		1.89
RADIOLOGY	924	1,790		75,066.83		41.94	.064		81.24		2.67
ROOM USE	1,488	2,011		78,724.23		39.15	.072		52.91		2.80
CROSSOVERS/ALL OTH OUTPTNT	891	1,767		37,139.52		21.02	.063		41.68		1.32
@COUNTY HOSPITAL TOTAL	2	25	\$	938.33	\$	37.53	.001	\$	469.17	\$	.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	25		938.33		37.53	.001		469.17		.03
MEDICAL	2	10		560.08		56.01	.000		280.04		.02
SURGERY	0	0		87.77		.00	.000		.00		.00
PATHOLOGY	2	8		41.66		5.21	.000		20.83		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	7		238.77		34.11	.000		119.39		.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		10.05		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,627
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	28,108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,818	12,156	\$	1,175,993.46	\$ 96.74	.432	\$ 417.31	\$ 41.84
COMM HOSP INPATIENT TOTAL	189	628		853,359.95	1358.85	.022	4515.13	30.36
HSC HOSPITALS	28	122		146,242.03	1198.71	.004	5222.93	5.20
NON-HSC HOSPITALS TOTAL	160	503		706,854.45	1405.28	.018	4417.84	25.15
ACCOMMODATIONS	160	503		148,115.08	294.46	.018	925.72	5.27
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	160	503		148,299.76	294.83	.018	926.87	5.28
ANCILLARIES	160	0		558,739.37	.00	.000	3492.12	19.88
INPATIENT CROSSOVERS	1	3		263.47	87.82	.000	263.47	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2,728	11,528		322,633.51	27.99	.410	118.27	11.48
MEDICAL	876	1,249		61,598.65	49.32	.044	70.32	2.19
SURGERY	194	261		17,278.75	66.20	.009	89.07	.61
PATHOLOGY	1,464	4,457		53,074.35	11.91	.159	36.25	1.89
RADIOLOGY	924	1,790		75,066.83	41.94	.064	81.24	2.67
ROOM USE	1,486	2,004		78,485.46	39.16	.071	52.82	2.79
CROSSOVERS/ALL OTH OUTPTNT	891	1,767		37,129.47	21.01	.063	41.67	1.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	9	\$	613.50	\$ 68.17	.000	\$ 102.25	\$.02
HOSPITAL BASED	6	9		613.50	68.17	.000	102.25	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	936	2,452	\$	40,901.36	\$ 16.68	.087	\$ 43.70	\$ 1.46
PATHOLOGY	936	2,452		40,901.36	16.68	.087	43.70	1.46
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,680	7,291	\$	574,799.66	\$ 78.84	.259	\$ 122.82	\$ 20.45
CLINIC	135	281		9,599.48	34.16	.010	71.11	.34
SURGICENTER	25	146		4,926.97	33.75	.005	197.08	.18
HEROIN DETOX CLINIC	1	7		76.65	10.95	.000	76.65	.00
RURAL HEALTH CLINIC	4,559	6,857		560,196.56	81.70	.244	122.88	19.93

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,628
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

	28,108 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	869	4,547	\$	84,909.59	\$ 18.67	.162	\$ 97.71	\$ 3.02
DURABLE MED. EQUIP.	40	44		4,008.94	91.11	.002	100.22	.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2		759.45	379.73	.000	379.73	.03
MEDICAL TRANSPORTATION	67	1,516		32,447.85	21.40	.054	484.30	1.15
AMBULANCES/AIR TRANS	65	1,508		18,047.85	11.97	.054	277.66	.64
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	8	8		14,400.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	97	97		8,027.00	82.75	.003	82.75	.29
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	233	522		5,402.49	10.35	.019	23.19	.19
PHYSICAL THERAPIST	1	1		88.69	88.69	.000	88.69	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	35	2,288.75	65.39	.001	108.99	.08
PROSTHETICS	21	35	2,288.75	65.39	.001	108.99	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	19	46	7,041.81	153.08	.002	370.62	.25
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	389	2,251	24,237.46	10.77	.080	62.31	.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	28	504.15	18.01	.001	63.02	.02
@CALIF. CHILDREN SERVICES*	114	616	\$ 100,927.65	\$ 163.84	.022	\$ 885.33	\$ 3.59
@XOVER EXCLUDING STATE HOSP**	48	1,727	\$ 5,399.73	\$ 3.13	.061	\$ 112.49	\$.19

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,629
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC	

29,897 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	13,247	83,099	\$ 3,798,975.31	\$ 45.72	2.780	\$ 286.78	\$ 127.07
@PHYSICIANS SERVICES	3,006	7,199	\$ 364,876.56	\$ 50.68	.241	\$ 121.38	\$ 12.20
OUTPATIENT VISITS	1,829	2,432	88,359.74	36.33	.081	48.31	2.96
OFFICE VISITS	1,380	1,730	54,346.58	31.41	.058	39.38	1.82
HOME VISITS	3	4	165.80	41.45	.000	55.27	.01
EMERGENCY ROOM	131	142	7,397.87	52.10	.005	56.47	.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	133	239	19,062.16	79.76	.008	143.32	.64
OTHER OUTPATIENT	246	317	7,387.33	23.30	.011	30.03	.25
INPATIENT VISITS	180	522	29,000.11	55.56	.017	161.11	.97
HOSPITAL VISITS	175	466	21,168.07	45.43	.016	120.96	.71
CRITICAL CARE	19	56	7,832.04	139.86	.002	412.21	.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	84	97	4,322.09	44.56	.003	51.45	.14
EXAMINATIONS	84	97	4,322.09	44.56	.003	51.45	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	171	441	124,415.64	282.12	.015	727.58	4.16
PRINCIPAL SURGEON	135	165	115,379.93	699.27	.006	854.67	3.86
ASSISTANT SURGEON	19	18	2,966.34	164.80	.001	156.12	.10
ANESTHESIOLOGIST	26	258	6,069.37	23.52	.009	233.44	.20
OUTPATIENT SURGERY	288	653	53,251.13	81.55	.022	184.90	1.78
PRINCIPAL SURGEON	254	328	45,064.30	137.39	.011	177.42	1.51
ASSISTANT SURGEON	3	3	261.73	87.24	.000	87.24	.01
ANESTHESIOLOGIST	46	322	7,925.10	24.61	.011	172.28	.27
DIALYSIS	1	12	199.44	16.62	.000	199.44	.01
PATHOLOGY	369	535	5,405.68	10.10	.018	14.65	.18
RADIOLOGY	437	617	24,880.35	40.32	.021	56.93	.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	39	123	2,381.36	19.36	.004	61.06	.08
OTHER SERVICES/ALL X-OVERS	605	1,767	32,661.02	18.48	.059	53.99	1.09
@PHARMACY	7,087	25,428	\$ 977,405.72	\$ 38.44	.851	\$ 137.92	\$ 32.69
PRESCRIPTION DRUGS	6,982	17,121	950,372.13	55.51	.573	136.12	31.79

SNF/ICF	23	89	5,552.24	62.38	.003	241.40	.19
OUTPATIENTS	6,960	17,032	944,819.89	55.47	.570	135.75	31.60
MEDICAL SUPPLIES	292	8,307	27,033.59	3.25	.278	92.58	.90
@DENTIST	784	3,765	\$ 149,354.45	\$ 39.67	.126	\$ 190.50	\$ 5.00
VISITS - DIAGNOSTIC	499	2,216	31,725.45	14.32	.074	63.58	1.06
ORAL SURGERY	109	259	16,601.20	64.10	.009	152.30	.56
DRUGS	14	18	346.68	19.26	.001	24.76	.01
ANESTHESIA	18	18	1,800.00	100.00	.001	100.00	.06
PERIODONTICS	42	42	7,600.00	180.95	.001	180.95	.25
ENDODONTICS	49	142	16,213.50	114.18	.005	330.89	.54
RESTORATIVE DENTISTRY	279	918	59,718.75	65.05	.031	214.05	2.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	14	38	5,049.50	132.88	.001	360.68	.17
SPACE MAINTAINERS	11	12	1,127.37	93.95	.000	102.49	.04
MAXILLOFACIAL SERVICES	7	10	292.00	29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	73	87	8,580.00	98.62	.003	117.53	.29
ALL OTHER SERVICES	5	5	300.00	60.00	.000	60.00	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,630
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

					----- MONTHLY AVERAGE -----			
29,897 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	317	766	\$ 18,661.20	\$ 24.36	.026	\$ 58.87	\$.62	
DIAGNOSTIC AND ANC. PROCED	210	212	9,917.88	46.78	.007	47.23	.33	
EYE APPLIANCES	205	542	8,464.18	15.62	.018	41.29	.28	
OTHER OPTOMETRIC SERVICES	10	12	279.14	23.26	.000	27.91	.01	
@CHIROPRACTOR	11	16	\$ 267.52	\$ 16.72	.001	\$ 24.32	\$.01	
VISITS	11	16	267.52	16.72	.001	24.32	.01	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	34	39	\$ 651.27	\$ 16.70	.001	\$ 19.16	\$.02	

MEDICINE/INJECTIONS	8	9		313.00	34.78	.000	39.13	.01
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	26	30		338.27	11.28	.001	13.01	.01
@HOME HEALTH AGENCY	70	170	\$	10,375.61	\$ 61.03	.006	\$ 148.22	\$.35
NURSE ANESTHESIST	59	297	\$	5,555.11	\$ 18.70	.010	\$ 94.15	\$.19
NURSE MIDWIFE	7	14	\$	2,804.70	\$ 200.34	.000	\$ 400.67	\$.09
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,105	13,423	\$	1,433,780.37	\$ 106.82	.449	\$ 461.77	\$ 47.96
HOSP INPATIENT TOTAL	215	793		1,088,989.50	1373.25	.027	5065.07	36.42
HSC HOSPITALS	31	176		221,336.03	1257.59	.006	7139.87	7.40
NON-HSC HOSPITAL TOTAL	166	559		855,436.41	1530.30	.019	5153.23	28.61
ACCOMMODATIONS	166	559		217,305.83	388.74	.019	1309.07	7.27
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	166	559		217,490.51	389.07	.019	1310.18	7.27
ANCILLARIES	166	0		638,130.58	.00	.000	3844.16	21.34
INPATIENT CROSSOVERS	19	58		12,217.06	210.64	.002	643.00	.41
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,994	12,630		344,790.87	27.30	.422	115.16	11.53
MEDICAL	894	1,290		63,396.61	49.14	.043	70.91	2.12
SURGERY	200	268		17,815.31	66.48	.009	89.08	.60
PATHOLOGY	1,498	4,592		54,747.47	11.92	.154	36.55	1.83
RADIOLOGY	937	1,809		76,728.40	42.41	.061	81.89	2.57
ROOM USE	1,519	2,063		80,969.29	39.25	.069	53.30	2.71
CROSSOVERS/ALL OTH OUTPTNT	1,113	2,608		51,133.79	19.61	.087	45.94	1.71
@COUNTY HOSPITAL TOTAL	4	72	\$	64,482.33	\$ 895.59	.002	\$ 16120.58	\$ 2.16
CO HOSPITAL INPATIENT TOTAL	2	47		63,544.00	1352.00	.002	31772.00	2.13
HSC HOSPITALS	2	47		63,544.00	1352.00	.002	31772.00	2.13
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	25		938.33	37.53	.001	469.17	.03
MEDICAL	2	10		560.08	56.01	.000	280.04	.02
SURGERY	0	0		87.77	.00	.000	.00	.00
PATHOLOGY	2	8		41.66	5.21	.000	20.83	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	7		238.77	34.11	.000	119.39	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0		10.05	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 1,631 01/17/03

	29,897 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,103	13,351	\$	1,369,298.04	\$ 102.56	.447	\$ 441.28	\$ 45.80
COMM HOSP INPATIENT TOTAL	214	746		1,025,445.50	1374.59	.025	4791.80	34.30
HSC HOSPITALS	29	129		157,792.03	1223.19	.004	5441.10	5.28
NON-HSC HOSPITALS TOTAL	166	559		855,436.41	1530.30	.019	5153.23	28.61
ACCOMMODATIONS	166	559		217,305.83	388.74	.019	1309.07	7.27

ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	166	559	217,490.51	389.07	.019	1310.18	7.27
ANCILLARIES	166	0	638,130.58	.00	.000	3844.16	21.34
INPATIENT CROSSOVERS	19	58	12,217.06	210.64	.002	643.00	.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,993	12,605	343,852.54	27.28	.422	114.89	11.50
MEDICAL	892	1,280	62,836.53	49.09	.043	70.44	2.10
SURGERY	200	268	17,727.54	66.15	.009	88.64	.59
PATHOLOGY	1,497	4,584	54,705.81	11.93	.153	36.54	1.83
RADIOLOGY	937	1,809	76,728.40	42.41	.061	81.89	2.57
ROOM USE	1,517	2,056	80,730.52	39.27	.069	53.22	2.70
CROSSOVERS/ALL OTH OUTPTNT	1,113	2,608	51,123.74	19.60	.087	45.93	1.71
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	17	418	54,520.99	130.43	.014	3207.12	1.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	1	4	483.72	120.93	.000	483.72	.02
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	16	414	54,037.27	130.52	.014	3377.33	1.81
@INTERMEDIATE CARE FACIL.--DD	0	0	.00	.00	.000	.00	.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	23	99	18,112.16	182.95	.003	787.49	.61
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	23	99	18,112.16	182.95	.003	787.49	.61
@REHABILITATION FACILITY	7	10	663.97	66.40	.000	94.85	.02
HOSPITAL BASED	7	10	663.97	66.40	.000	94.85	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	958	2,500	41,481.10	16.59	.084	43.30	1.39
PATHOLOGY	953	2,494	41,419.59	16.61	.083	43.46	1.39
XO AND OTHERS	5	6	61.51	10.25	.000	12.30	.00
@ORGANIZED OUTPATIENT CLINIC	4,935	7,686	599,615.96	78.01	.257	121.50	20.06
CLINIC	142	289	10,260.98	35.51	.010	72.26	.34
SURGICENTER	26	151	5,239.97	34.70	.005	201.54	.18
HEROIN DETOX CLINIC	1	7	76.65	10.95	.000	76.65	.00
RURAL HEALTH CLINIC	4,808	7,239	584,038.36	80.68	.242	121.47	19.54

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

PAGE 1,632 01/17/03

					----- MONTHLY AVERAGE -----			
29,897 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,026	21,269	\$ 120,848.62	\$ 5.68	.711	\$ 117.79	\$ 4.04	
DURABLE MED. EQUIP.	51	80	20,547.17	256.84	.003	402.89	.69	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	6	8	2,349.11	293.64	.000	391.52	.08	
MEDICAL TRANSPORTATION	85	2,293	39,048.53	17.03	.077	459.39	1.31	
AMBULANCES/AIR TRANS	69	1,742	21,534.74	12.36	.058	312.10	.72	
OTHER TRANS	6	265	941.60	3.55	.009	156.93	.03	
OTHER SERVICES	17	286	16,572.19	57.94	.010	974.83	.55	
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	97	97	8,027.00	82.75	.003	82.75	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	262	596	6,372.36	10.69	.020	24.32	.21
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	27	51	3,375.75	66.19	.002	125.03	.11
PROSTHETICS	27	51	3,375.75	66.19	.002	125.03	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	23	54	7,586.85	140.50	.002	329.86	.25
HOSPICE SERVICES	0	0	36.61	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	396	2,282	24,545.66	10.76	.076	61.98	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	92	15,802	8,767.89	.55	.529	95.30	.29
@CALIF. CHILDREN SERVICES*	117	632	\$ 113,124.68	\$ 178.99	.021	\$ 966.88	\$ 3.78
@XOVER EXCLUDING STATE HOSP**	535	5,180	\$ 70,601.67	\$ 13.63	.173	\$ 131.97	\$ 2.36

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,633
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

AID CODE

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	160	1,048	\$ 63,992.78	\$ 61.06	8.317	\$ 399.95	\$ 507.88
@PHYSICIANS SERVICES	22	77	\$ 2,619.48	\$ 34.02	.611	\$ 119.07	\$ 20.79
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	420.30	.00	.000	.00	3.34
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	420.30	.00	.000	.00	3.34
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00

RADIOLOGY	0	0	1.62	.00	.000	.00	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	77	2,197.56	28.54	.611	99.89	17.44
@PHARMACY	99	268	\$ 18,301.08	\$ 68.29	2.127	\$ 184.86	\$ 145.25
PRESCRIPTION DRUGS	98	266	17,969.32	67.55	2.111	183.36	142.61
SNF/ICF	9	39	2,860.84	73.35	.310	317.87	22.71
OUTPATIENTS	89	227	15,108.48	66.56	1.802	169.76	119.91
MEDICAL SUPPLIES	2	2	331.76	165.88	.016	165.88	2.63
@DENTIST	5	16	\$ 1,563.03	\$ 97.69	.127	\$ 312.61	\$ 12.41
VISITS - DIAGNOSTIC	5	10	219.00	21.90	.079	43.80	1.74
ORAL SURGERY	0	0	305.03	.00	.000	.00	2.42
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	100.00	.00	.000	.00	.79
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	3	39.00	13.00	.024	39.00	.31
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	2	3	900.00	300.00	.024	450.00	7.14
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,634
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 29 MN - SOC - AGED						
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126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 65.07	\$ 21.69	.024	\$ 65.07	\$.52
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	65.07	21.69	.024	65.07	.52
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	9	15	\$ 138.29	\$ 9.22	.119	\$ 15.37	\$ 1.10
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	9	15	138.29	9.22	.119	15.37	1.10
@HOME HEALTH AGENCY	0	0	.00	.00	.000	.00	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	27	123	\$ 4,174.35	\$ 33.94	.976	\$ 154.61	\$ 33.13
HOSP INPATIENT TOTAL	5	22	2,885.79	131.17	.175	577.16	22.90
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00

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		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	123	\$	4,174.35	\$ 33.94	.976	\$ 154.61	\$ 33.13
COMM HOSP INPATIENT TOTAL	5	22		2,885.79	131.17	.175	577.16	22.90
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	22		2,885.79	131.17	.175	577.16	22.90
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	23	101		1,288.56	12.76	.802	56.02	10.23
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	23	101		1,288.56	12.76	.802	56.02	10.23
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	287	\$	32,071.77	\$ 111.75	2.278	\$ 2672.65	\$ 254.54
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	287		32,071.77	111.75	2.278	2672.65	254.54
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	2	2	\$	20.85	\$ 10.43	.016	\$ 10.43	\$.17
PATHOLOGY	1	1		14.60	14.60	.008	14.60	.12
XO AND OTHERS	1	1		6.25	6.25	.008	6.25	.05
@ORGANIZED OUTPATIENT CLINIC	6	14	\$	676.36	\$ 48.31	.111	\$ 112.73	\$ 5.37
CLINIC	1	2		203.85	101.93	.016	203.85	1.62
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	12		472.51	39.38	.095	94.50	3.75

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

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----- MONTHLY AVERAGE -----

126 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	243	\$ 4,362.50	\$ 17.95	1.929	\$ 290.83	\$ 34.62
DURABLE MED. EQUIP.	2	4	3,190.82	797.71	.032	1595.41	25.32
BLOOD BANK	0	0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	4	62	392.65	6.33	.492	98.16	3.12
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	4	62	392.65	6.33	.492	98.16	3.12
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	21.90	10.95	.016	21.90	.17
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	1	9.74	9.74	.008	9.74	.08
PROSTHETICS	1	1	9.74	9.74	.008	9.74	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.016	99.19	.79
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	172	648.20	3.77	1.365	81.03	5.14
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	62	281	7,719.53	27.47	2.230	124.51	61.27

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,637
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,638
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,639
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
MENTALLY ILL	0	0		.00		.00	.000	.00 .00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00 .00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00 .00
LEV B-REHAB MD	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00 .00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00 .00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00 .00
LEV B-REGULAR	0	0		.00		.00	.000	.00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
ICF DDH	0	0		.00		.00	.000	.00 .00
ICF DD	0	0		.00		.00	.000	.00 .00
ICF DDN/DDCN	0	0		.00		.00	.000	.00 .00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00 .00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00 .00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00 .00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
PATHOLOGY	0	0		.00		.00	.000	.00 .00
XO AND OTHERS	0	0		.00		.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00 \$.00
CLINIC	0	0		.00		.00	.000	.00 .00
SURGICENTER	0	0		.00		.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00 .00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00 .00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,640
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

PAGE 1,641
01/17/03

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	103	2,461	\$ 152,652.21	\$ 62.03	29.651	\$ 1482.06	\$ 1839.18
@PHYSICIANS SERVICES	30	190	\$ 18,267.29	\$ 96.14	2.289	\$ 608.91	\$ 220.09
OUTPATIENT VISITS	7	22	1,361.22	61.87	.265	194.46	16.40
OFFICE VISITS	3	3	128.78	42.93	.036	42.93	1.55
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	13	1,058.58	81.43	.157	1058.58	12.75
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	6	173.86	28.98	.072	43.47	2.09
INPATIENT VISITS	4	17	819.01	48.18	.205	204.75	9.87
HOSPITAL VISITS	4	16	697.41	43.59	.193	174.35	8.40
CRITICAL CARE	1	1	121.60	121.60	.012	121.60	1.47
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	66	13,264.80	200.98	.795	3316.20	159.82
PRINCIPAL SURGEON	3	4	11,870.67	2967.67	.048	3956.89	143.02
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	62	1,394.13	22.49	.747	697.07	16.80
OUTPATIENT SURGERY	4	11	681.94	61.99	.133	170.49	8.22
PRINCIPAL SURGEON	3	3	519.28	173.09	.036	173.09	6.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	162.66	20.33	.096	162.66	1.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	308.27	44.04	.084	102.76	3.71
RADIOLOGY	8	16	571.94	35.75	.193	71.49	6.89
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	10.00	10.00	.012	10.00	.12
OTHER SERVICES/ALL X-OVERS	22	50	1,250.11	25.00	.602	56.82	15.06
@PHARMACY	58	507	\$ 30,220.41	\$ 59.61	6.108	\$ 521.04	\$ 364.10
PRESCRIPTION DRUGS	53	228	29,226.18	128.19	2.747	551.44	352.12
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	53	228	29,226.18	128.19	2.747	551.44	352.12
MEDICAL SUPPLIES	6	279	994.23	3.56	3.361	165.71	11.98
@DENTIST	2	2	\$ 194.00	\$ 97.00	.024	\$ 97.00	\$ 2.34
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	194.00	194.00	.012	194.00	2.34
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	1	.00	.00	.012	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,642
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	3	9	\$ 185.47	\$ 20.61	.108	\$ 61.82	\$ 2.23
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.012	47.45	.57
EYE APPLIANCES	3	8	138.02	17.25	.096	46.01	1.66
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3	\$ 9.31	\$ 3.10	.036	\$ 4.66	\$.11
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	2	3	9.31	3.10	.036	4.66	.11
@HOME HEALTH AGENCY	1	13	\$ 973.18	\$ 74.86	.157	\$ 973.18	\$ 11.73
NURSE ANESTHESIST	1	2	\$ 70.75	\$ 35.38	.024	\$ 70.75	\$.85

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	45	546	\$	87,284.83	\$	159.86	6.578	\$	1939.66	\$	1051.62
HOSP INPATIENT TOTAL	6	25		43,669.68		1746.79	.301		7278.28		526.14
HSC HOSPITALS	2	8		18,842.00		2355.25	.096		9421.00		227.01
NON-HSC HOSPITAL TOTAL	3	15		24,639.23		1642.62	.181		8213.08		296.86
ACCOMMODATIONS	3	15		6,462.30		430.82	.181		2154.10		77.86
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	15		6,462.30		430.82	.181		2154.10		77.86
ANCILLARIES	3	0		18,176.93		.00	.000		6058.98		219.00
INPATIENT CROSSOVERS	1	2		188.45		94.23	.024		188.45		2.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	43	521		43,615.15		83.71	6.277		1014.31		525.48
MEDICAL	12	31		2,683.90		86.58	.373		223.66		32.34
SURGERY	6	6		238.15		39.69	.072		39.69		2.87
PATHOLOGY	15	272		2,325.53		8.55	3.277		155.04		28.02
RADIOLOGY	8	13		1,066.60		82.05	.157		133.33		12.85
ROOM USE	18	40		1,942.39		48.56	.482		107.91		23.40
CROSSOVERS/ALL OTH OUTPTNT	37	159		35,358.58		222.38	1.916		955.64		426.01
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	45	546	\$ 87,284.83	\$ 159.86	6.578	\$ 1939.66	\$ 1051.62
COMM HOSP INPATIENT TOTAL	6	25	43,669.68	1746.79	.301	7278.28	526.14
HSC HOSPITALS	2	8	18,842.00	2355.25	.096	9421.00	227.01
NON-HSC HOSPITALS TOTAL	3	15	24,639.23	1642.62	.181	8213.08	296.86
ACCOMMODATIONS	3	15	6,462.30	430.82	.181	2154.10	77.86
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	3	15	6,462.30	430.82	.181	2154.10	77.86
ANCILLARIES	3	0	18,176.93	.00	.000	6058.98	219.00
INPATIENT CROSSOVERS	1	2	188.45	94.23	.024	188.45	2.27
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	43	521		43,615.15		83.71	6.277	1014.31	525.48
MEDICAL	12	31		2,683.90		86.58	.373	223.66	32.34
SURGERY	6	6		238.15		39.69	.072	39.69	2.87
PATHOLOGY	15	272		2,325.53		8.55	3.277	155.04	28.02
RADIOLOGY	8	13		1,066.60		82.05	.157	133.33	12.85
ROOM USE	18	40		1,942.39		48.56	.482	107.91	23.40
CROSSOVERS/ALL OTH OUTPTNT	37	159		35,358.58		222.38	1.916	955.64	426.01
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	.00	.00
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	.00	.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$	3,618.22	\$	516.89	.084	603.04	43.59
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7		3,618.22		516.89	.084	603.04	43.59
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	.00	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	2	3	\$	75.68	\$	25.23	.036	37.84	.91
PATHOLOGY	2	3		75.68		25.23	.036	37.84	.91
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	23	45	\$	3,561.31	\$	79.14	.542	154.84	42.91
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	23	45		3,561.31		79.14	.542	154.84	42.91

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

83 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	1,134	\$ 8,191.76	\$ 7.22	13.663	\$ 341.32	\$ 98.70
DURABLE MED. EQUIP.	1	2	1,052.57	526.29	.024	1052.57	12.68
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	10	1,038	5,689.44	5.48	12.506	568.94	68.55
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	9	1,023	5,608.32	5.48	12.325	623.15	67.57
OTHER SERVICES	1	15	81.12	5.41	.181	81.12	.98
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	45.64	11.41	.048	22.82	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	64	704.58	11.01	.771	352.29	8.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	26	699.53	26.91	.313	77.73	8.43
@CALIF. CHILDREN SERVICES*	1	9	\$ 365.94	\$ 40.66	.108	\$ 365.94	\$ 4.41
@XOVER EXCLUDING STATE HOSP**	45	472	\$ 8,427.42	\$ 17.85	5.687	\$ 187.28	\$ 101.54

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,645
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37	

124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	105	629	\$ 52,801.49	\$ 83.95	5.073	\$ 502.87	\$ 425.82
@PHYSICIANS SERVICES	39	80	\$ 3,835.28	\$ 47.94	.645	\$ 98.34	\$ 30.93
OUTPATIENT VISITS	17	21	624.13	29.72	.169	36.71	5.03
OFFICE VISITS	6	9	235.20	26.13	.073	39.20	1.90
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	249.65	62.41	.032	62.41	2.01
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	7	8		139.28	17.41	.065	19.90	1.12
INPATIENT VISITS	2	6		311.40	51.90	.048	155.70	2.51
HOSPITAL VISITS	2	6		311.40	51.90	.048	155.70	2.51
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.44	.008	46.44	.37
EXAMINATIONS	1	1		46.44	46.44	.008	46.44	.37
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	22		1,521.69	69.17	.177	507.23	12.27
PRINCIPAL SURGEON	2	2		1,158.97	579.49	.016	579.49	9.35
ASSISTANT SURGEON	1	1		138.14	138.14	.008	138.14	1.11
ANESTHESIOLOGIST	1	19		224.58	11.82	.153	224.58	1.81
OUTPATIENT SURGERY	2	2		462.86	231.43	.016	231.43	3.73
PRINCIPAL SURGEON	2	2		462.86	231.43	.016	231.43	3.73
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	15	16		591.59	36.97	.129	39.44	4.77
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	6		28.28	4.71	.048	9.43	.23
OTHER SERVICES/ALL X-OVERS	6	6		248.89	41.48	.048	41.48	2.01
@PHARMACY	44	220	\$	12,470.57	\$ 56.68	1.774	\$ 283.42	\$ 100.57
PRESCRIPTION DRUGS	43	120		12,465.37	103.88	.968	289.89	100.53
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	43	120		12,465.37	103.88	.968	289.89	100.53
MEDICAL SUPPLIES	1	100		5.20	.05	.806	5.20	.04
@DENTIST	14	39	\$	624.00	\$ 16.00	.315	\$ 44.57	\$ 5.03
VISITS - DIAGNOSTIC	6	19		160.00	8.42	.153	26.67	1.29
ORAL SURGERY	1	1		45.00	45.00	.008	45.00	.36
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	3	9		389.00	43.22	.073	129.67	3.14
PROSTHETICS	1	1		30.00	30.00	.008	30.00	.24
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	7	9		.00	.00	.073	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,646
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37							

	124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	16	\$	381.72	\$ 23.86	.129	\$ 63.62	\$ 3.08
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.032	47.45	1.53
EYE APPLIANCES	4	12		191.92	15.99	.097	47.98	1.55
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4	\$	286.42	\$ 71.61	.032	\$ 286.42	\$ 2.31
NURSE ANESTHESIST	1	2	\$	70.75	\$ 35.38	.016	\$ 70.75	\$.57
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	36	150	\$	19,424.26	\$ 129.50	1.210	\$ 539.56	\$ 156.65
HOSP INPATIENT TOTAL	4	13		16,121.23	1240.09	.105	4030.31	130.01
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	4	13		16,121.23	1240.09	.105	4030.31	130.01
ACCOMMODATIONS	4	13		8,494.01	653.39	.105	2123.50	68.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	13		8,494.01	653.39	.105	2123.50	68.50
ANCILLARIES	4	0		7,627.22	.00	.000	1906.81	61.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	34	137		3,303.03	24.11	1.105	97.15	26.64
MEDICAL	7	9		553.30	61.48	.073	79.04	4.46
SURGERY	1	1		39.53	39.53	.008	39.53	.32
PATHOLOGY	27	76		824.72	10.85	.613	30.55	6.65
RADIOLOGY	10	16		1,028.37	64.27	.129	102.84	8.29
ROOM USE	17	20		618.13	30.91	.161	36.36	4.98
CROSSOVERS/ALL OTH OUTPTNT	10	15		238.98	15.93	.121	23.90	1.93
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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COLUSA COUNTY	SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37							

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	124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36		150	\$ 19,424.26	\$ 129.50	1.210	\$ 539.56	\$ 156.65
COMM HOSP INPATIENT TOTAL	4		13	16,121.23	1240.09	.105	4030.31	130.01
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	4		13	16,121.23	1240.09	.105	4030.31	130.01
ACCOMMODATIONS	4		13	8,494.01	653.39	.105	2123.50	68.50

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	13	8,494.01	653.39	.105	2123.50	68.50
ANCILLARIES	4	0	7,627.22	.00	.000	1906.81	61.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	34	137	3,303.03	24.11	1.105	97.15	26.64
MEDICAL	7	9	553.30	61.48	.073	79.04	4.46
SURGERY	1	1	39.53	39.53	.008	39.53	.32
PATHOLOGY	27	76	824.72	10.85	.613	30.55	6.65
RADIOLOGY	10	16	1,028.37	64.27	.129	102.84	8.29
ROOM USE	17	20	618.13	30.91	.161	36.36	4.98
CROSSOVERS/ALL OTH OUTPTNT	10	15	238.98	15.93	.121	23.90	1.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.--DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	8	19	\$ 357.53	\$ 18.82	.153	\$ 44.69	\$ 2.88
PATHOLOGY	8	19	357.53	18.82	.153	44.69	2.88
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	22	37	\$ 2,972.24	\$ 80.33	.298	\$ 135.10	\$ 23.97
CLINIC	1	1	10.00	10.00	.008	10.00	.08
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	21	36	2,962.24	82.28	.290	141.06	23.89

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

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124 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8	62	\$ 12,378.72	\$ 199.66	.500	\$ 1547.34	\$ 99.83
DURABLE MED. EQUIP.	1	2	75.41	37.71	.016	75.41	.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	27	226.71	8.40	.218	226.71	1.83
AMBULANCES/AIR TRANS	1	27	226.71	8.40	.218	226.71	1.83
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	77.24	9.66	.065	25.75	.62
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	25	11,999.36	479.97	.202	3999.79	96.77
PROSTHETICS	3	25	11,999.36	479.97	.202	3999.79	96.77
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	25	\$ 11,999.36	\$ 479.97	.202	\$ 3999.79	\$ 96.77
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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COLUSA COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

333 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	368	4,138	\$ 269,446.48	\$ 65.12	12.426	\$ 732.19	\$ 809.15
@PHYSICIANS SERVICES	91	347	\$ 24,722.05	\$ 71.25	1.042	\$ 271.67	\$ 74.24
OUTPATIENT VISITS	24	43	1,985.35	46.17	.129	82.72	5.96
OFFICE VISITS	9	12	363.98	30.33	.036	40.44	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	17	1,308.23	76.95	.051	261.65	3.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	14	313.14	22.37	.042	28.47	.94
INPATIENT VISITS	6	23	1,130.41	49.15	.069	188.40	3.39
HOSPITAL VISITS	6	22	1,008.81	45.86	.066	168.14	3.03
CRITICAL CARE	1	1	121.60	121.60	.003	121.60	.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.14
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	88	15,206.79	172.80	.264	2172.40	45.67
PRINCIPAL SURGEON	5	6	13,029.64	2171.61	.018	2605.93	39.13
ASSISTANT SURGEON	1	1	138.14	138.14	.003	138.14	.41
ANESTHESIOLOGIST	3	81	2,039.01	25.17	.243	679.67	6.12
OUTPATIENT SURGERY	6	13	1,144.80	88.06	.039	190.80	3.44
PRINCIPAL SURGEON	5	5	982.14	196.43	.015	196.43	2.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	162.66	20.33	.024	162.66	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	308.27	44.04	.021	102.76	.93

RADIOLOGY	23	32		1,165.15		36.41	.096	50.66	3.50
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	7		38.28		5.47	.021	9.57	.11
OTHER SERVICES/ALL X-OVERS	50	133		3,696.56		27.79	.399	73.93	11.10
@PHARMACY	201	995	\$	60,992.06	\$	61.30	2.988	\$ 303.44	\$ 183.16
PRESCRIPTION DRUGS	194	614		59,660.87		97.17	1.844	307.53	179.16
SNF/ICF	9	39		2,860.84		73.35	.117	317.87	8.59
OUTPATIENTS	185	575		56,800.03		98.78	1.727	307.03	170.57
MEDICAL SUPPLIES	9	381		1,331.19		3.49	1.144	147.91	4.00
@DENTIST	21	57	\$	2,381.03	\$	41.77	.171	\$ 113.38	\$ 7.15
VISITS - DIAGNOSTIC	11	29		379.00		13.07	.087	34.45	1.14
ORAL SURGERY	1	1		350.03		350.03	.003	350.03	1.05
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		100.00		.00	.000	.00	.30
PERIODONTICS	1	1		194.00		194.00	.003	194.00	.58
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	5	13		428.00		32.92	.039	85.60	1.29
PROSTHETICS	1	1		30.00		30.00	.003	30.00	.09
DENTURES, STAYPLATES	2	3		900.00		300.00	.009	450.00	2.70
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	7	9		.00		.00	.027	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
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COLUSA COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC								

	333 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10		28	\$ 632.26	\$ 22.58	.084	\$ 63.23	\$ 1.90
DIAGNOSTIC AND ANC. PROCED	5		5	237.25	47.45	.015	47.45	.71

EYE APPLIANCES	8	23		395.01		17.17	.069	49.38	1.19
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	11	18	\$	147.60	\$	8.20	.054	\$ 13.42	\$.44
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	11	18		147.60		8.20	.054	13.42	.44
@HOME HEALTH AGENCY	2	17	\$	1,259.60	\$	74.09	.051	\$ 629.80	\$ 3.78
NURSE ANESTHESIST	2	4	\$	141.50	\$	35.38	.012	\$ 70.75	\$.42
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	108	819	\$	110,883.44	\$	135.39	2.459	\$ 1026.70	\$ 332.98
HOSP INPATIENT TOTAL	15	60		62,676.70		1044.61	.180	4178.45	188.22
HSC HOSPITALS	2	8		18,842.00		2355.25	.024	9421.00	56.58
NON-HSC HOSPITAL TOTAL	7	28		40,760.46		1455.73	.084	5822.92	122.40
ACCOMMODATIONS	7	28		14,956.31		534.15	.084	2136.62	44.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	7	28		14,956.31		534.15	.084	2136.62	44.91
ANCILLARIES	7	0		25,804.15		.00	.000	3686.31	77.49
INPATIENT CROSSOVERS	6	24		3,074.24		128.09	.072	512.37	9.23
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	100	759		48,206.74		63.51	2.279	482.07	144.76
MEDICAL	19	40		3,237.20		80.93	.120	170.38	9.72
SURGERY	7	7		277.68		39.67	.021	39.67	.83
PATHOLOGY	42	348		3,150.25		9.05	1.045	75.01	9.46
RADIOLOGY	18	29		2,094.97		72.24	.087	116.39	6.29
ROOM USE	35	60		2,560.52		42.68	.180	73.16	7.69
CROSSOVERS/ALL OTH OUTPTNT	70	275		36,886.12		134.13	.826	526.94	110.77
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00

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----- MONTHLY AVERAGE -----
333 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	819	\$	110,883.44	\$ 135.39	2.459	\$ 1026.70	\$ 332.98
COMM HOSP INPATIENT TOTAL	15	60		62,676.70	1044.61	.180	4178.45	188.22
HSC HOSPITALS	2	8		18,842.00	2355.25	.024	9421.00	56.58
NON-HSC HOSPITALS TOTAL	7	28		40,760.46	1455.73	.084	5822.92	122.40
ACCOMMODATIONS	7	28		14,956.31	534.15	.084	2136.62	44.91
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	28		14,956.31	534.15	.084	2136.62	44.91
ANCILLARIES	7	0		25,804.15	.00	.000	3686.31	77.49
INPATIENT CROSSOVERS	6	24		3,074.24	128.09	.072	512.37	9.23
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	759		48,206.74	63.51	2.279	482.07	144.76
MEDICAL	19	40		3,237.20	80.93	.120	170.38	9.72
SURGERY	7	7		277.68	39.67	.021	39.67	.83
PATHOLOGY	42	348		3,150.25	9.05	1.045	75.01	9.46
RADIOLOGY	18	29		2,094.97	72.24	.087	116.39	6.29
ROOM USE	35	60		2,560.52	42.68	.180	73.16	7.69
CROSSOVERS/ALL OTH OUTPTNT	70	275		36,886.12	134.13	.826	526.94	110.77
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	12	287	\$	32,071.77	\$ 111.75	.862	\$ 2672.65	\$ 96.31
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	12	287		32,071.77	111.75	.862	2672.65	96.31
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	7	\$	3,618.22	\$ 516.89	.021	\$ 603.04	\$ 10.87
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	7		3,618.22	516.89	.021	603.04	10.87
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	12	24	\$	454.06	\$ 18.92	.072	\$ 37.84	\$ 1.36
PATHOLOGY	11	23		447.81	19.47	.069	40.71	1.34
XO AND OTHERS	1	1		6.25	6.25	.003	6.25	.02
@ORGANIZED OUTPATIENT CLINIC	51	96	\$	7,209.91	\$ 75.10	.288	\$ 141.37	\$ 21.65
CLINIC	2	3		213.85	71.28	.009	106.93	.64
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	49	93		6,996.06	75.23	.279	142.78	21.01
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MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC							

	333 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	47		1,439	\$ 24,932.98	\$ 17.33	4.321	\$ 530.49	\$ 74.87
DURABLE MED. EQUIP.	4		8	4,318.80	539.85	.024	1079.70	12.97
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	15	1,127	6,308.80	5.60	3.384	420.59	18.95
AMBULANCES/AIR TRANS	1	27	226.71	8.40	.081	226.71	.68
OTHER TRANS	9	1,023	5,608.32	5.48	3.072	623.15	16.84
OTHER SERVICES	5	77	473.77	6.15	.231	94.75	1.42
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	14	144.78	10.34	.042	24.13	.43
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	26	12,009.10	461.89	.078	3002.28	36.06
PROSTHETICS	4	26	12,009.10	461.89	.078	3002.28	36.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.60	.006	99.19	.30
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	64	704.58	11.01	.192	352.29	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	198	1,347.73	6.81	.595	79.28	4.05
@CALIF. CHILDREN SERVICES*	4	34	\$ 12,365.30	\$ 363.69	.102	\$ 3091.33	\$ 37.13
@XOVER EXCLUDING STATE HOSP**	107	753	\$ 16,146.95	\$ 21.44	2.261	\$ 150.91	\$ 48.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,653
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

541 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	527	18,419	\$ 1,533,055.74	\$ 83.23	34.046	\$ 2909.02	\$ 2833.74
@PHYSICIANS SERVICES	55	82	\$ 1,039.61	\$ 12.68	.152	\$ 18.90	\$ 1.92
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	55	82		1,039.61	12.68	.152	18.90	1.92
@PHARMACY	455	2,934	\$	156,296.21	\$ 53.27	5.423	\$ 343.51	\$ 288.90
PRESCRIPTION DRUGS	455	2,923		155,833.69	53.31	5.403	342.49	288.05
SNF/ICF	451	2,904		155,395.35	53.51	5.368	344.56	287.24
OUTPATIENTS	6	19		438.34	23.07	.035	73.06	.81
MEDICAL SUPPLIES	10	11		462.52	42.05	.020	46.25	.85
@DENTIST	34	61	\$	4,110.00	\$ 67.38	.113	\$ 120.88	\$ 7.60
VISITS - DIAGNOSTIC	26	41		1,055.00	25.73	.076	40.58	1.95
ORAL SURGERY	4	10		415.00	41.50	.018	103.75	.77
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	10		2,640.00	264.00	.018	528.00	4.88
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,654
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

541 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	8	22	\$ 406.10	\$ 18.46	.041	\$ 50.76	\$.75
DIAGNOSTIC AND ANC. PROCED	4	4	177.94	44.49	.007	44.49	.33
EYE APPLIANCES	5	18	228.16	12.68	.033	45.63	.42
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	32	44	\$ 442.44	\$ 10.06	.081	\$ 13.83	\$.82
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	32	44	442.44	10.06	.081	13.83	.82
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	5	\$ 103.81	\$ 20.76	.009	\$ 103.81	\$.19
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	40	132	\$ 4,936.87	\$ 37.40	.244	\$ 123.42	\$ 9.13
HOSP INPATIENT TOTAL	6	30	3,632.84	121.09	.055	605.47	6.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	30	3,632.84	121.09	.055	605.47	6.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	102	1,304.03	12.78	.189	36.22	2.41
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	102	1,304.03	12.78	.189	36.22	2.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,655
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		
						----- MONTHLY AVERAGE -----	
541 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	132	\$ 4,936.87	\$ 37.40	.244	\$ 123.42	\$ 9.13
COMM HOSP INPATIENT TOTAL	6	30	3,632.84	121.09	.055	605.47	6.72
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	30	3,632.84	121.09	.055	605.47	6.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	36	102	1,304.03	12.78	.189	36.22	2.41
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	36	102	1,304.03	12.78	.189	36.22	2.41
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	460	13,982	\$ 1,339,486.20	\$ 95.80	25.845	\$ 2911.93	\$ 2475.94
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	37	1,147	119,616.97	104.29	2.120	3232.89	221.10
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	423	12,835	1,219,869.23	95.04	23.725	2883.85	2254.84
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 14.60	\$ 14.60	.002	\$ 14.60	\$.03
PATHOLOGY	1	1	14.60	14.60	.002	14.60	.03
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	17	24	\$ 471.38	\$ 19.64	.044	\$ 27.73	\$.87
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	17	24	471.38	19.64	.044	27.73	.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,656
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED						
					AID CODE		

541 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	74	1,132	\$ 25,748.52	\$ 22.75	2.092	\$ 347.95	\$ 47.59
DURABLE MED. EQUIP.	17	56	18,855.44	336.70	.104	1109.14	34.85
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	7	2,811.58	401.65	.013	937.19	5.20
MEDICAL TRANSPORTATION	44	1,044	3,349.74	3.21	1.930	76.13	6.19
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	21	698	1,596.47	2.29	1.290	76.02	2.95
OTHER SERVICES	25	346	1,753.27	5.07	.640	70.13	3.24
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	4	10	111.56	11.16	.018	27.89	.21
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	3.09	1.55	.004	3.09	.01
PROSTHETIST/ORTHOTISTS	1	4	39.60	9.90	.007	39.60	.07
PROSTHETICS	1	4	39.60	9.90	.007	39.60	.07
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	300.80	.00	.000	.00	.56
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	9	276.71	30.75	.017	39.53	.51
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	180	589	\$ 15,513.49	\$ 26.34	1.089	\$ 86.19	\$ 28.68

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND

PAGE 1,657
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00

EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,658
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,659
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,660
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,661
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	95	3,291	\$ 280,470.84	\$ 85.22	34.281	\$ 2952.32	\$ 2921.57
@PHYSICIANS SERVICES	12	25	\$ 287.89	\$ 11.52	.260	\$ 23.99	\$ 3.00
OUTPATIENT VISITS	1	1	24.00	24.00	.010	24.00	.25
OFFICE VISITS	1	1	24.00	24.00	.010	24.00	.25
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	2	2		84.51	42.26	.021	42.26	.88
HOSPITAL VISITS	1	1		37.80	37.80	.010	37.80	.39
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1		46.71	46.71	.010	46.71	.49
OPHTHALMOLOGICAL SERVICES	1	1		29.72	29.72	.010	29.72	.31
EXAMINATIONS	1	1		29.72	29.72	.010	29.72	.31
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.00	10.00	.010	10.00	.10
OTHER SERVICES/ALL X-OVERS	11	20		139.66	6.98	.208	12.70	1.45
@PHARMACY	77	507	\$	28,368.50	\$ 55.95	5.281	\$ 368.42	\$ 295.51
PRESCRIPTION DRUGS	77	505		28,107.99	55.66	5.260	365.04	292.79
SNF/ICF	73	460		25,075.66	54.51	4.792	343.50	261.20
OUTPATIENTS	8	45		3,032.33	67.39	.469	379.04	31.59
MEDICAL SUPPLIES	1	2		260.51	130.26	.021	260.51	2.71
@DENTIST	8	41	\$	975.00	\$ 23.78	.427	\$ 121.88	\$ 10.16
VISITS - DIAGNOSTIC	8	37		465.00	12.57	.385	58.13	4.84
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	2		400.00	200.00	.021	400.00	4.17
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		110.00	55.00	.021	110.00	1.15
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED

AID CODE

PAGE 1,662 01/17/03

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----			
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	2	4	\$ 100.56	\$ 25.14	.042	\$ 50.28	\$ 1.05	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.010	47.45	.49	
EYE APPLIANCES	1	3	53.11	17.70	.031	53.11	.55	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	4	5	\$ 78.18	\$ 15.64	.052	\$ 19.55	\$.81	

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	4	5	78.18	15.64	.052	19.55	.81
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	121	\$ 7,290.21	\$ 60.25	1.260	\$ 1041.46	\$ 75.94
HOSP INPATIENT TOTAL	3	4	3,940.00	985.00	.042	1313.33	41.04
HSC HOSPITALS	1	2	2,316.00	1158.00	.021	2316.00	24.13
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	2	1,624.00	812.00	.021	812.00	16.92
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	117	3,350.21	28.63	1.219	558.37	34.90
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	38.82	38.82	.010	38.82	.40
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	157.79	39.45	.042	78.90	1.64
CROSSOVERS/ALL OTH OUTPTNT	5	112	3,153.60	28.16	1.167	630.72	32.85
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,663
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	121	\$ 7,290.21	\$ 60.25	1.260	\$ 1041.46	\$ 75.94
COMM HOSP INPATIENT TOTAL	3	4	3,940.00	985.00	.042	1313.33	41.04
HSC HOSPITALS	1	2	2,316.00	1158.00	.021	2316.00	24.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	2		1,624.00	812.00	.021	812.00	16.92
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	117		3,350.21	28.63	1.219	558.37	34.90
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	1	1		38.82	38.82	.010	38.82	.40
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	2	4		157.79	39.45	.042	78.90	1.64
CROSSOVERS/ALL OTH OUTPTNT	5	112		3,153.60	28.16	1.167	630.72	32.85
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	66	2,207	\$	203,415.66	\$ 92.17	22.990	\$ 3082.06	\$ 2118.91
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	11	335		14,177.55	42.32	3.490	1288.87	147.68
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	55	1,872		189,238.11	101.09	19.500	3440.69	1971.23
@INTERMEDIATE CARE FACIL.-DD	10	304	\$	36,343.44	\$ 119.55	3.167	\$ 3634.34	\$ 378.58
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	10	304		36,343.44	119.55	3.167	3634.34	378.58
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6	13	\$	311.20	\$ 23.94	.135	\$ 51.87	\$ 3.24
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	6	13		311.20	23.94	.135	51.87	3.24

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,664
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	10	64	\$ 3,300.20	\$ 51.57	.667	\$ 330.02	\$ 34.38
DURABLE MED. EQUIP.	1	6	1,903.54	317.26	.063	1903.54	19.83
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	46	151.86	3.30	.479	50.62	1.58
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	24	63.90	2.66	.250	63.90	.67
OTHER SERVICES	2	22	87.96	4.00	.229	43.98	.92
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.021	26.08	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.01	38.01	.010	38.01	.40
SPEECH AND AUDIOLOGY	2	5	249.15	49.83	.052	124.58	2.60
HOSPICE SERVICES	0	0	904.20	.00	.000	.00	9.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	27.36	6.84	.042	13.68	.29
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	24	159	\$ 5,520.77	\$ 34.72	1.656	\$ 230.03	\$ 57.51

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,665
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,666
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$	.00 \$	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,667
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES						DISCONTIN
----- MONTHLY AVERAGE -----							
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV								
MOP024								
COLUSA COUNTY								

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES

PAGE 1,668
01/17/03

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.00	.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0	.00	.00	.000	.00	.00
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,669
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG	

637 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	622	21,710	\$ 1,813,526.58	\$ 83.53	34.082	\$ 2915.64	\$ 2846.98
@PHYSICIANS SERVICES	67	107	\$ 1,327.50	\$ 12.41	.168	\$ 19.81	\$ 2.08
OUTPATIENT VISITS	1	1	24.00	24.00	.002	24.00	.04
OFFICE VISITS	1	1	24.00	24.00	.002	24.00	.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	2	2	84.51	42.26	.003	42.26	.13
HOSPITAL VISITS	1	1	37.80	37.80	.002	37.80	.06
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	1	1	46.71	46.71	.002	46.71	.07
OPHTHALMOLOGICAL SERVICES	1	1	29.72	29.72	.002	29.72	.05
EXAMINATIONS	1	1	29.72	29.72	.002	29.72	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1		10.00	10.00	.002	10.00	.02
OTHER SERVICES/ALL X-OVERS	66	102		1,179.27	11.56	.160	17.87	1.85
@PHARMACY	532	3,441	\$	184,664.71	\$ 53.67	5.402	\$ 347.11	\$ 289.90
PRESCRIPTION DRUGS	532	3,428		183,941.68	53.66	5.381	345.76	288.76
SNF/ICF	524	3,364		180,471.01	53.65	5.281	344.41	283.31
OUTPATIENTS	14	64		3,470.67	54.23	.100	247.91	5.45
MEDICAL SUPPLIES	11	13		723.03	55.62	.020	65.73	1.14
@DENTIST	42	102	\$	5,085.00	\$ 49.85	.160	\$ 121.07	\$ 7.98
VISITS - DIAGNOSTIC	34	78		1,520.00	19.49	.122	44.71	2.39
ORAL SURGERY	4	10		415.00	41.50	.016	103.75	.65
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	2		400.00	200.00	.003	400.00	.63
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	1	2		110.00	55.00	.003	110.00	.17
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	5	10		2,640.00	264.00	.016	528.00	4.14
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

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COLUSA COUNTY

SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

637 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	10	26	\$ 506.66	\$ 19.49	.041	\$ 50.67	\$.80
DIAGNOSTIC AND ANC. PROCED	5	5	225.39	45.08	.008	45.08	.35
EYE APPLIANCES	6	21	281.27	13.39	.033	46.88	.44
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	36	49	\$ 520.62	\$ 10.62	.077	\$ 14.46	\$.82
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	36	49	520.62	10.62	.077	14.46	.82
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	5	103.81	20.76	.008	103.81	.16
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	47	253	\$ 12,227.08	\$ 48.33	.397	\$ 260.15	\$ 19.19
HOSP INPATIENT TOTAL	9	34	7,572.84	222.73	.053	841.43	11.89
HSC HOSPITALS	1	2	2,316.00	1158.00	.003	2316.00	3.64
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	8	32	5,256.84	164.28	.050	657.11	8.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	42	219	4,654.24	21.25	.344	110.82	7.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	38.82	38.82	.002	38.82	.06
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	157.79	39.45	.006	78.90	.25
CROSSOVERS/ALL OTH OUTPTNT	41	214	4,457.63	20.83	.336	108.72	7.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

637 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	47	253	\$ 12,227.08	\$ 48.33	.397	\$ 260.15	\$ 19.19
COMM HOSP INPATIENT TOTAL	9	34	7,572.84	222.73	.053	841.43	11.89
HSC HOSPITALS	1	2	2,316.00	1158.00	.003	2316.00	3.64
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	8	32	5,256.84	164.28	.050	657.11	8.25
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	42	219	4,654.24	21.25	.344	110.82	7.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	1	1	38.82	38.82	.002	38.82	.06
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	4	157.79	39.45	.006	78.90	.25
CROSSTOVERS/ALL OTH OUTPTNT	41	214	4,457.63	20.83	.336	108.72	7.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	526	16,189	\$ 1,542,901.86	\$ 95.31	25.414	\$ 2933.27	\$ 2422.14
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	48	1,482	133,794.52	90.28	2.327	2787.39	210.04
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	478	14,707	1,409,107.34	95.81	23.088	2947.92	2212.10
@INTERMEDIATE CARE FACIL.-DD	10	304	\$ 36,343.44	\$ 119.55	.477	\$ 3634.34	\$ 57.05
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	10	304	36,343.44	119.55	.477	3634.34	57.05
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$ 14.60	\$ 14.60	.002	\$ 14.60	\$.02
PATHOLOGY	1	1	14.60	14.60	.002	14.60	.02
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	23	37	\$ 782.58	\$ 21.15	.058	\$ 34.03	\$ 1.23
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	23	37	782.58	21.15	.058	34.03	1.23

637 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	84	1,196	\$ 29,048.72	\$ 24.29	1.878	\$ 345.82	\$ 45.60
DURABLE MED. EQUIP.	18	62	20,758.98	334.82	.097	1153.28	32.59
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	7	2,811.58	401.65	.011	937.19	4.41
MEDICAL TRANSPORTATION	47	1,090	3,501.60	3.21	1.711	74.50	5.50
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	22	722	1,660.37	2.30	1.133	75.47	2.61
OTHER SERVICES	27	368	1,841.23	5.00	.578	68.19	2.89
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	5	12	137.64	11.47	.019	27.53	.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	3.09	1.55	.003	3.09	.00
PROSTHETIST/ORTHOTISTS	1	4	39.60	9.90	.006	39.60	.06
PROSTHETICS	1	4	39.60	9.90	.006	39.60	.06
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.01	38.01	.002	38.01	.06
SPEECH AND AUDIOLOGY	2	5	249.15	49.83	.008	124.58	.39
HOSPICE SERVICES	0	0	1,205.00	.00	.000	.00	1.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	13	304.07	23.39	.020	33.79	.48
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	204	748	\$ 21,034.26	\$ 28.12	1.174	\$ 103.11	\$ 33.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

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1,875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	1,601	26,198	\$ 1,904,753.93	\$ 72.71	13.972	\$ 1189.73	\$ 1015.87
@PHYSICIANS SERVICES	248	700	\$ 14,491.64	\$ 20.70	.373	\$ 58.43	\$ 7.73
OUTPATIENT VISITS	25	35	1,162.43	33.21	.019	46.50	.62
OFFICE VISITS	18	26	723.32	27.82	.014	40.18	.39
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	329.11	82.28	.002	82.28	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	110.00	22.00	.003	27.50	.06
INPATIENT VISITS	2	4	216.16	54.04	.002	108.08	.12
HOSPITAL VISITS	2	4	216.16	54.04	.002	108.08	.12
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7	269.34	38.48	.004	53.87	.14

EXAMINATIONS	5	7	269.34	38.48	.004	53.87	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	420.30	.00	.000	.00	.22
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	420.30	.00	.000	.00	.22
OUTPATIENT SURGERY	7	18	2,778.49	154.36	.010	396.93	1.48
PRINCIPAL SURGEON	6	6	2,556.58	426.10	.003	426.10	1.36
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	221.91	18.49	.006	110.96	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	20.78	5.20	.002	6.93	.01
RADIOLOGY	15	22	613.04	27.87	.012	40.87	.33
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	6	46.58	7.76	.003	11.65	.02
OTHER SERVICES/ALL X-OVERS	222	604	8,964.52	14.84	.322	40.38	4.78
@PHARMACY	1,323	7,488	\$ 355,248.82	\$ 47.44	3.994	\$ 268.52	\$ 189.47
PRESCRIPTION DRUGS	1,314	5,724	349,646.12	61.08	3.053	266.09	186.48
SNF/ICF	482	3,013	161,059.29	53.45	1.607	334.15	85.90
OUTPATIENTS	834	2,711	188,586.83	69.56	1.446	226.12	100.58
MEDICAL SUPPLIES	47	1,764	5,602.70	3.18	.941	119.21	2.99
@DENTIST	62	142	\$ 9,587.03	\$ 67.51	.076	\$ 154.63	\$ 5.11
VISITS - DIAGNOSTIC	48	95	2,042.00	21.49	.051	42.54	1.09
ORAL SURGERY	10	21	1,177.03	56.05	.011	117.70	.63
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	100.00	.00	.000	.00	.05
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	330.00	330.00	.001	330.00	.18
RESTORATIVE DENTISTRY	4	8	598.00	74.75	.004	149.50	.32
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	9	17	5,340.00	314.12	.009	593.33	2.85
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,674
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	1,875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	28	65	\$	1,479.85	\$ 22.77	.035	\$ 52.85	\$.79
DIAGNOSTIC AND ANC. PROCED	15	15		699.89	46.66	.008	46.66	.37
EYE APPLIANCES	18	50		779.96	15.60	.027	43.33	.42
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	67	89	\$	919.00	\$ 10.33	.047	\$ 13.72	\$.49
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	67	89		919.00	10.33	.047	13.72	.49
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	2	7	\$	174.56	\$ 24.94	.004	\$ 87.28	\$.09

NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	242	884	\$	32,742.35	\$	37.04	.471	\$	135.30	\$	17.46
HOSP INPATIENT TOTAL	23	87		18,164.72		208.79	.046		789.77		9.69
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	2	6		5,552.96		925.49	.003		2776.48		2.96
ACCOMMODATIONS	2	6		2,297.84		382.97	.003		1148.92		1.23
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		2,297.84		382.97	.003		1148.92		1.23
ANCILLARIES	2	0		3,255.12		.00	.000		1627.56		1.74
INPATIENT CROSSOVERS	21	81		12,611.76		155.70	.043		600.56		6.73
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	224	797		14,577.63		18.29	.425		65.08		7.77
MEDICAL	10	21		969.27		46.16	.011		96.93		.52
SURGERY	3	4		331.55		82.89	.002		110.52		.18
PATHOLOGY	17	54		746.27		13.82	.029		43.90		.40
RADIOLOGY	9	13		937.99		72.15	.007		104.22		.50
ROOM USE	13	19		916.55		48.24	.010		70.50		.49
CROSSOVERS/ALL OTH OUTPTNT	203	686		10,676.00		15.56	.366		52.59		5.69
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,675
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	1,875 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	242		884	\$ 32,742.35	\$ 37.04	.471	\$ 135.30	\$ 17.46
COMM HOSP INPATIENT TOTAL	23		87	18,164.72	208.79	.046	789.77	9.69
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2		6	5,552.96	925.49	.003	2776.48	2.96
ACCOMMODATIONS	2		6	2,297.84	382.97	.003	1148.92	1.23
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2		6	2,297.84	382.97	.003	1148.92	1.23
ANCILLARIES	2		0	3,255.12	.00	.000	1627.56	1.74
INPATIENT CROSSOVERS	21		81	12,611.76	155.70	.043	600.56	6.73
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	224		797	14,577.63	18.29	.425	65.08	7.77
MEDICAL	10		21	969.27	46.16	.011	96.93	.52
SURGERY	3		4	331.55	82.89	.002	110.52	.18
PATHOLOGY	17		54	746.27	13.82	.029	43.90	.40
RADIOLOGY	9		13	937.99	72.15	.007	104.22	.50
ROOM USE	13		19	916.55	48.24	.010	70.50	.49
CROSSOVERS/ALL OTH OUTPTNT	203		686	10,676.00	15.56	.366	52.59	5.69
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0	.00	.00	.000	.00	.00
@NURSING FACILITY	489		14,687	\$ 1,426,078.96	\$ 97.10	7.833	\$ 2916.32	\$ 760.58
LEV A-INTERMEDIATE	0		0	.00	.00	.000	.00	.00
LEV B-REHAB MD	38		1,151	120,100.69	104.34	.614	3160.54	64.05
LEV B-SUBACUTE FREESTANDING	0		0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
LEV B-REGULAR	451		13,536	1,305,978.27	96.48	7.219	2895.74	696.52
@INTERMEDIATE CARE FACIL.-DD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00	.00	.000	.00	.00
ICF DD	0		0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0		0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	14		23	\$ 11,054.79	\$ 480.64	.012	\$ 789.63	\$ 5.90
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	14		23	11,054.79	480.64	.012	789.63	5.90
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0		0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	14		23	\$ 323.24	\$ 14.05	.012	\$ 23.09	\$.17
PATHOLOGY	10		19	277.53	14.61	.010	27.75	.15
XO AND OTHERS	4		4	45.71	11.43	.002	11.43	.02
@ORGANIZED OUTPATIENT CLINIC	157		258	\$ 15,968.67	\$ 61.89	.138	\$ 101.71	\$ 8.52
CLINIC	4		6	285.40	47.57	.003	71.35	.15

SURGICENTER	1	5	313.00	62.60	.003	313.00	.17
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	152	247	15,370.27	62.23	.132	101.12	8.20

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,676
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
1,875 ELIGIBLES							
@ALL OTHER PROVIDERS	165	1,832	\$ 36,685.02	\$ 20.02	.977	\$ 222.33	\$ 19.57
DURABLE MED. EQUIP.	22	64	22,277.61	348.09	.034	1012.62	11.88
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	6	11	4,351.24	395.57	.006	725.21	2.32
MEDICAL TRANSPORTATION	58	1,392	4,354.91	3.13	.742	75.08	2.32
AMBULANCES/AIR TRANS	1	3	137.96	45.99	.002	137.96	.07
OTHER TRANS	24	749	1,744.11	2.33	.399	72.67	.93
OTHER SERVICES	35	640	2,472.84	3.86	.341	70.65	1.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	23	53	670.02	12.64	.028	29.13	.36
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	3.09	1.55	.001	3.09	.00
PROSTHETIST/ORTHOTISTS	5	9	186.67	20.74	.005	37.33	.10
PROSTHETICS	5	9	186.67	20.74	.005	37.33	.10
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	8	635.36	79.42	.004	158.84	.34
HOSPICE SERVICES	0	0	300.80	.00	.000	.00	.16
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	52	293	3,905.32	13.33	.156	75.10	2.08
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	562	2,911	\$ 65,826.29	\$ 22.61	1.553	\$ 117.13	\$ 35.11

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,677
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES							
@TOTAL, ALL PROVIDERS	1	2	\$ 226.43	\$ 113.22	.000	\$ 226.43	\$.00
@PHYSICIANS SERVICES	0	0	.00	.00	.000	.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00

OTHER OUTPATIENT	0	0		.00		.00	.000	.00	.00
INPATIENT VISITS	0	0		.00		.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.00	.00
CRITICAL CARE	0	0		.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00	.00
EXAMINATIONS	0	0		.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00	.00
@PHARMACY	1	2	\$	226.43	\$	113.22	.000	\$ 226.43	\$.00
PRESCRIPTION DRUGS	1	2		226.43		113.22	.000	226.43	.00
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	1	2		226.43		113.22	.000	226.43	.00
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,678
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.000	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,679
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

	00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0		0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	.00	\$	.000	\$	.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,680
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,681
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED	

760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	MONTHLY AVERAGE COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	704	25,874	\$ 889,096.19	\$ 34.36	34.045	\$ 1262.92	\$ 1169.86
@PHYSICIANS SERVICES	150	849	\$ 34,328.12	\$ 40.43	1.117	\$ 228.85	\$ 45.17

OUTPATIENT VISITS	23	42		2,282.25	54.34	.055	99.23	3.00
OFFICE VISITS	15	16		680.50	42.53	.021	45.37	.90
HOME VISITS	1	2		97.20	48.60	.003	97.20	.13
EMERGENCY ROOM	3	15		1,127.56	75.17	.020	375.85	1.48
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	7	9		376.99	41.89	.012	53.86	.50
INPATIENT VISITS	11	71		3,546.48	49.95	.093	322.41	4.67
HOSPITAL VISITS	10	62		2,526.97	40.76	.082	252.70	3.32
CRITICAL CARE	3	8		972.80	121.60	.011	324.27	1.28
SNF/ICF/TRANS IP CARE	1	1		46.71	46.71	.001	46.71	.06
OPHTHALMOLOGICAL SERVICES	2	2		59.44	29.72	.003	29.72	.08
EXAMINATIONS	2	2		59.44	29.72	.003	29.72	.08
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	10	140		18,661.39	133.30	.184	1866.14	24.55
PRINCIPAL SURGEON	8	25		16,317.35	652.69	.033	2039.67	21.47
ASSISTANT SURGEON	1	1		231.75	231.75	.001	231.75	.30
ANESTHESIOLOGIST	4	114		2,112.29	18.53	.150	528.07	2.78
OUTPATIENT SURGERY	11	19		2,081.27	109.54	.025	189.21	2.74
PRINCIPAL SURGEON	10	11		1,918.61	174.42	.014	191.86	2.52
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8		162.66	20.33	.011	162.66	.21
DIALYSIS	1	12		199.44	16.62	.016	199.44	.26
PATHOLOGY	5	9		381.20	42.36	.012	76.24	.50
RADIOLOGY	16	51		1,060.98	20.80	.067	66.31	1.40
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	2	2		20.00	10.00	.003	10.00	.03
OTHER SERVICES/ALL X-OVERS	116	501		6,035.67	12.05	.659	52.03	7.94
@PHARMACY	548	3,158	\$	208,375.05	\$ 65.98	4.155	\$ 380.25	\$ 274.18
PRESCRIPTION DRUGS	535	2,288		204,282.35	89.28	3.011	381.84	268.79
SNF/ICF	73	460		25,075.66	54.51	.605	343.50	32.99
OUTPATIENTS	466	1,828		179,206.69	98.03	2.405	384.56	235.80
MEDICAL SUPPLIES	35	870		4,092.70	4.70	1.145	116.93	5.39
@DENTIST	29	144	\$	7,657.00	\$ 53.17	.189	\$ 264.03	\$ 10.08
VISITS - DIAGNOSTIC	19	75		1,099.00	14.65	.099	57.84	1.45
ORAL SURGERY	3	36		1,830.00	50.83	.047	610.00	2.41
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.13
PERIODONTICS	4	5		794.00	158.80	.007	198.50	1.04
ENDODONTICS	1	2		660.00	330.00	.003	660.00	.87
RESTORATIVE DENTISTRY	7	19		2,134.00	112.32	.025	304.86	2.81
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	3	6		1,040.00	173.33	.008	346.67	1.37
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,682
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

		----- MONTHLY AVERAGE -----						
760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	18	47 \$	841.63	\$ 17.91	.062	\$ 46.76	\$ 1.11	
DIAGNOSTIC AND ANC. PROCED	3	3	142.35	47.45	.004	47.45	.19	

EYE APPLIANCES	15	40		692.36	17.31	.053	46.16	.91
OTHER OPTOMETRIC SERVICES	2	4		6.92	1.73	.005	3.46	.01
@CHIROPRACTOR	0	0	\$	.00	.00	.000	.00	.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	6	8	\$	87.49	10.94	.011	14.58	.12
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	6	8		87.49	10.94	.011	14.58	.12
@HOME HEALTH AGENCY	10	59	\$	4,347.38	73.68	.078	434.74	5.72
NURSE ANESTHESIST	2	7	\$	89.37	12.77	.009	44.69	.12
NURSE MIDWIFE	0	0	\$	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	163	1,280	\$	327,792.49	256.09	1.684	2011.00	431.31
HOSP INPATIENT TOTAL	23	159		271,593.14	1708.13	.209	11808.40	357.36
HSC HOSPITALS	6	64		96,252.00	1503.94	.084	16042.00	126.65
NON-HSC HOSPITAL TOTAL	7	65		167,668.23	2579.51	.086	23952.60	220.62
ACCOMMODATIONS	7	65		73,355.21	1128.54	.086	10479.32	96.52
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	65		73,355.21	1128.54	.086	10479.32	96.52
ANCILLARIES	7	0		94,313.02	.00	.000	13473.29	124.10
INPATIENT CROSSOVERS	11	30		7,672.91	255.76	.039	697.54	10.10
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	149	1,121		56,199.35	50.13	1.475	377.18	73.95
MEDICAL	18	41		2,952.51	72.01	.054	164.03	3.88
SURGERY	10	10		394.21	39.42	.013	39.42	.52
PATHOLOGY	31	345		3,210.72	9.31	.454	103.57	4.22
RADIOLOGY	12	19		1,790.18	94.22	.025	149.18	2.36
ROOM USE	38	77		3,428.69	44.53	.101	90.23	4.51
CROSSOVERS/ALL OTH OUTPTNT	120	629		44,423.04	70.62	.828	370.19	58.45
@COUNTY HOSPITAL TOTAL	2	47	\$	63,544.00	1352.00	.062	31772.00	83.61
CO HOSPITAL INPATIENT TOTAL	2	47		63,544.00	1352.00	.062	31772.00	83.61
HSC HOSPITALS	2	47		63,544.00	1352.00	.062	31772.00	83.61
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,683
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

----- MONTHLY AVERAGE -----
760 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	162	1,233	\$	264,248.49	\$ 214.31	1.622	\$ 1631.16	\$ 347.70
COMM HOSP INPATIENT TOTAL	22	112		208,049.14	1857.58	.147	9456.78	273.75
HSC HOSPITALS	4	17		32,708.00	1924.00	.022	8177.00	43.04
NON-HSC HOSPITALS TOTAL	7	65		167,668.23	2579.51	.086	23952.60	220.62
ACCOMMODATIONS	7	65		73,355.21	1128.54	.086	10479.32	96.52
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	7	65		73,355.21	1128.54	.086	10479.32	96.52
ANCILLARIES	7	0		94,313.02	.00	.000	13473.29	124.10
INPATIENT CROSSOVERS	11	30		7,672.91	255.76	.039	697.54	10.10
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	149	1,121		56,199.35	50.13	1.475	377.18	73.95
MEDICAL	18	41		2,952.51	72.01	.054	164.03	3.88
SURGERY	10	10		394.21	39.42	.013	39.42	.52
PATHOLOGY	31	345		3,210.72	9.31	.454	103.57	4.22
RADIOLOGY	12	19		1,790.18	94.22	.025	149.18	2.36
ROOM USE	38	77		3,428.69	44.53	.101	90.23	4.51
CROSSOVERS/ALL OTH OUTPTNT	120	629		44,423.04	70.62	.828	370.19	58.45
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	66	2,207	\$	203,415.66	\$ 92.17	2.904	\$ 3082.06	\$ 267.65
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	11	335		14,177.55	42.32	.441	1288.87	18.65
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	55	1,872		189,238.11	101.09	2.463	3440.69	249.00
@INTERMEDIATE CARE FACIL.-DD	10	304	\$	36,343.44	\$ 119.55	.400	\$ 3634.34	\$ 47.82
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	10	304		36,343.44	119.55	.400	3634.34	47.82
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	15	83	\$	10,675.59	\$ 128.62	.109	\$ 711.71	\$ 14.05
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	15	83		10,675.59	128.62	.109	711.71	14.05
@REHABILITATION FACILITY	1	1	\$	50.47	\$ 50.47	.001	\$ 50.47	\$.07
HOSPITAL BASED	1	1		50.47	50.47	.001	50.47	.07
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	13	31	\$	367.63	\$ 11.86	.041	\$ 28.28	\$.48
PATHOLOGY	11	28		345.58	12.34	.037	31.42	.45
XO AND OTHERS	2	3		22.05	7.35	.004	11.03	.03
@ORGANIZED OUTPATIENT CLINIC	150	233	\$	13,867.88	\$ 59.52	.307	\$ 92.45	\$ 18.25
CLINIC	4	4		579.95	144.99	.005	144.99	.76
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	148	229		13,287.93	58.03	.301	89.78	17.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,684
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED							

	760 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	115		17,463	\$ 40,856.99	\$ 2.34	22.978	\$ 355.28	\$ 53.76
DURABLE MED. EQUIP.	10		40	19,262.99	481.57	.053	1926.30	25.35
BLOOD BANK	0		0	.00	.00	.000	.00	.00

HEARING AID DISPENSERS	1	2	50.00	25.00	.003	50.00	.07
MEDICAL TRANSPORTATION	21	1,575	11,829.46	7.51	2.072	563.31	15.57
AMBULANCES/AIR TRANS	3	231	3,348.93	14.50	.304	1116.31	4.41
OTHER TRANS	13	1,261	6,466.18	5.13	1.659	497.40	8.51
OTHER SERVICES	6	83	2,014.35	24.27	.109	335.73	2.65
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	39	505.03	12.95	.051	36.07	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	12	949.67	79.14	.016	316.56	1.25
PROSTHETICS	3	12	949.67	79.14	.016	316.56	1.25
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.01	38.01	.001	38.01	.05
SPEECH AND AUDIOLOGY	3	7	258.02	36.86	.009	86.01	.34
HOSPICE SERVICES	0	0	940.81	.00	.000	.00	1.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	95	1,012.78	10.66	.125	112.53	1.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	58	15,692	6,010.22	.38	20.647	103.62	7.91
@CALIF. CHILDREN SERVICES*	4	25	\$ 12,562.97	\$ 502.52	.033	\$ 3140.74	\$ 16.53
@XOVER EXCLUDING STATE HOSP**	236	2,043	\$ 36,556.86	\$ 17.89	2.688	\$ 154.90	\$ 48.10

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL

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COLUSA COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

28,232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	11,931	56,873	\$ 3,087,871.82	\$ 54.29	2.014	\$ 258.81	\$ 109.37
@PHYSICIANS SERVICES	2,766	6,104	\$ 342,106.35	\$ 56.05	.216	\$ 123.68	\$ 12.12
OUTPATIENT VISITS	1,806	2,399	86,924.41	36.23	.085	48.13	3.08
OFFICE VISITS	1,357	1,701	53,330.74	31.35	.060	39.30	1.89
HOME VISITS	2	2	68.60	34.30	.000	34.30	.00
EMERGENCY ROOM	129	140	7,249.43	51.78	.005	56.20	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	133	239	19,062.16	79.76	.008	143.32	.68
OTHER OUTPATIENT	246	317	7,213.48	22.76	.011	29.32	.26
INPATIENT VISITS	175	472	26,452.39	56.04	.017	151.16	.94
HOSPITAL VISITS	170	423	19,471.55	46.03	.015	114.54	.69
CRITICAL CARE	17	49	6,980.84	142.47	.002	410.64	.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	79	90	4,069.47	45.22	.003	51.51	.14
EXAMINATIONS	79	90	4,069.47	45.22	.003	51.51	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	168	389	120,540.74	309.87	.014	717.50	4.27
PRINCIPAL SURGEON	132	146	112,092.22	767.75	.005	849.18	3.97
ASSISTANT SURGEON	19	18	2,872.73	159.60	.001	151.20	.10
ANESTHESIOLOGIST	25	225	5,575.79	24.78	.008	223.03	.20
OUTPATIENT SURGERY	276	629	49,536.17	78.75	.022	179.48	1.75
PRINCIPAL SURGEON	243	316	41,571.25	131.55	.011	171.08	1.47
ASSISTANT SURGEON	3	3	261.73	87.24	.000	87.24	.01
ANESTHESIOLOGIST	44	310	7,703.19	24.85	.011	175.07	.27
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	364	529	5,311.97	10.04	.019	14.59	.19
RADIOLOGY	429	576	24,371.48	42.31	.020	56.81	.86
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	38	123	2,363.06	19.21	.004	62.19	.08
OTHER SERVICES/ALL X-OVERS	383	897	22,536.66	25.12	.032	58.84	.80
@PHARMACY	5,948	19,216	\$ 659,212.19	\$ 34.31	.681	\$ 110.83	\$ 23.35
PRESCRIPTION DRUGS	5,858	13,149	639,819.78	48.66	.466	109.22	22.66
SNF/ICF	1	19	2,749.14	144.69	.001	2749.14	.10
OUTPATIENTS	5,858	13,130	637,070.64	48.52	.465	108.75	22.57
MEDICAL SUPPLIES	230	6,067	19,392.41	3.20	.215	84.31	.69
@DENTIST	756	3,638	\$ 139,576.45	\$ 38.37	.129	\$ 184.62	\$ 4.94
VISITS - DIAGNOSTIC	477	2,153	30,483.45	14.16	.076	63.91	1.08
ORAL SURGERY	101	213	14,359.20	67.41	.008	142.17	.51
DRUGS	14	18	346.68	19.26	.001	24.76	.01
ANESTHESIA	17	17	1,700.00	100.00	.001	100.00	.06
PERIODONTICS	40	40	7,400.00	185.00	.001	185.00	.26
ENDODONTICS	47	139	15,223.50	109.52	.005	323.90	.54
RESTORATIVE DENTISTRY	274	906	57,524.75	63.49	.032	209.94	2.04
PROSTHETICS	1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	9	28	2,209.50	78.91	.001	245.50	.08
SPACE MAINTAINERS	11	12	1,127.37	93.95	.000	102.49	.04
MAXILLOFACIAL SERVICES	7	10	292.00	29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	80	96	8,580.00	89.38	.003	107.25	.30
ALL OTHER SERVICES	5	5	300.00	60.00	.000	60.00	.01

COLUSA COUNTY

SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

28,232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	291	708	\$ 17,478.64	\$ 24.69	.025	\$ 60.06	\$.62
DIAGNOSTIC AND ANC. PROCED	202	204	9,538.28	46.76	.007	47.22	.34
EYE APPLIANCES	186	496	7,668.14	15.46	.018	41.23	.27
OTHER OPTOMETRIC SERVICES	8	8	272.22	34.03	.000	34.03	.01
@CHIROPRACTOR	11	16	\$ 267.52	\$ 16.72	.001	\$ 24.32	\$.01
VISITS	11	16	267.52	16.72	.001	24.32	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	9	\$ 313.00	\$ 34.78	.000	\$ 39.13	\$.01
MEDICINE/INJECTIONS	8	9	313.00	34.78	.000	39.13	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	62	128	\$ 7,287.83	\$ 56.94	.005	\$ 117.55	\$.26
NURSE ANESTHESIST	58	292	\$ 5,536.49	\$ 18.96	.010	\$ 95.46	\$.20
NURSE MIDWIFE	7	14	\$ 2,804.70	\$ 200.34	.000	\$ 400.67	\$.10
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2,855	12,331	\$ 1,196,356.05	\$ 97.02	.437	\$ 419.04	\$ 42.38
HOSP INPATIENT TOTAL	193	641	869,481.18	1356.44	.023	4505.08	30.80
HSC HOSPITALS	28	122	146,242.03	1198.71	.004	5222.93	5.18
NON-HSC HOSPITAL TOTAL	164	516	722,975.68	1401.12	.018	4408.39	25.61
ACCOMMODATIONS	164	516	156,609.09	303.51	.018	954.93	5.55
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	164	516	156,793.77	303.86	.018	956.06	5.55
ANCILLARIES	164	0	566,366.59	.00	.000	3453.45	20.06
INPATIENT CROSSOVERS	1	3	263.47	87.82	.000	263.47	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,763	11,690	326,874.87	27.96	.414	118.30	11.58
MEDICAL	885	1,268	62,712.03	49.46	.045	70.86	2.22
SURGERY	195	262	17,406.05	66.44	.009	89.26	.62
PATHOLOGY	1,492	4,541	53,940.73	11.88	.161	36.15	1.91
RADIOLOGY	934	1,806	76,095.20	42.13	.064	81.47	2.70
ROOM USE	1,505	2,031	79,342.36	39.07	.072	52.72	2.81
CROSSOVERS/ALL OTH OUTPTNT	901	1,782	37,378.50	20.98	.063	41.49	1.32
@COUNTY HOSPITAL TOTAL	2	25	\$ 938.33	\$ 37.53	.001	\$ 469.17	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	25	938.33	37.53	.001	469.17	.03
MEDICAL	2	10	560.08	56.01	.000	280.04	.02
SURGERY	0	0	87.77	.00	.000	.00	.00
PATHOLOGY	2	8	41.66	5.21	.000	20.83	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	7	238.77	34.11	.000	119.39	.01

	28,232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
						UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	2,854	12,306	\$	1,195,417.72	\$ 97.14	.436	\$ 418.86	\$ 42.34
COMM HOSP INPATIENT TOTAL	193	641		869,481.18	1356.44	.023	4505.08	30.80
HSC HOSPITALS	28	122		146,242.03	1198.71	.004	5222.93	5.18
NON-HSC HOSPITALS TOTAL	164	516		722,975.68	1401.12	.018	4408.39	25.61
ACCOMMODATIONS	164	516		156,609.09	303.51	.018	954.93	5.55
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	164	516		156,793.77	303.86	.018	956.06	5.55
ANCILLARIES	164	0		566,366.59	.00	.000	3453.45	20.06
INPATIENT CROSSOVERS	1	3		263.47	87.82	.000	263.47	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2,762	11,665		325,936.54	27.94	.413	118.01	11.54
MEDICAL	883	1,258		62,151.95	49.41	.045	70.39	2.20
SURGERY	195	262		17,318.28	66.10	.009	88.81	.61
PATHOLOGY	1,491	4,533		53,899.07	11.89	.161	36.15	1.91
RADIOLOGY	934	1,806		76,095.20	42.13	.064	81.47	2.70
ROOM USE	1,503	2,024		79,103.59	39.08	.072	52.63	2.80
CROSSOVERS/ALL OTH OUTPTNT	901	1,782		37,368.45	20.97	.063	41.47	1.32
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	6	9	\$	613.50	\$ 68.17	.000	\$ 102.25	\$.02
HOSPITAL BASED	6	9		613.50	68.17	.000	102.25	.02
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	944	2,471	\$	41,258.89	\$ 16.70	.088	\$ 43.71	\$ 1.46
PATHOLOGY	944	2,471		41,258.89	16.70	.088	43.71	1.46
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	4,702	7,328	\$	577,771.90	\$ 78.84	.260	\$ 122.88	\$ 20.47
CLINIC	136	282		9,609.48	34.08	.010	70.66	.34
SURGICENTER	25	146		4,926.97	33.75	.005	197.08	.17
HEROIN DETOX CLINIC	1	7		76.65	10.95	.000	76.65	.00
RURAL HEALTH CLINIC	4,580	6,893		563,158.80	81.70	.244	122.96	19.95

28,232 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	877	4,609	\$ 97,288.31	\$ 21.11	.163	\$ 110.93	\$ 3.45
DURABLE MED. EQUIP.	41	46	4,084.35	88.79	.002	99.62	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	2	2	759.45	379.73	.000	379.73	.03
MEDICAL TRANSPORTATION	68	1,543	32,674.56	21.18	.055	480.51	1.16
AMBULANCES/AIR TRANS	66	1,535	18,274.56	11.91	.054	276.89	.65
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	8	8	14,400.00	1800.00	.000	1800.00	.51
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	97	97	8,027.00	82.75	.003	82.75	.28
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	236	530	5,479.73	10.34	.019	23.22	.19
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	24	60	14,288.11	238.14	.002	595.34	.51
PROSTHETICS	24	60	14,288.11	238.14	.002	595.34	.51
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	19	46	7,041.81	153.08	.002	370.62	.25
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	389	2,251	24,237.46	10.77	.080	62.31	.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	28	504.15	18.01	.001	63.02	.02
@CALIF. CHILDREN SERVICES*	117	641	\$ 112,927.01	\$ 176.17	.023	\$ 965.19	\$ 4.00
@XOVER EXCLUDING STATE HOSP**	48	1,727	\$ 5,399.73	\$ 3.13	.061	\$ 112.49	\$.19

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THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,689
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

30,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	14,237	108,947	\$ 5,881,948.37	\$ 53.99	3.530	\$ 413.15	\$ 190.56
@PHYSICIANS SERVICES	3,164	7,653	\$ 390,926.11	\$ 51.08	.248	\$ 123.55	\$ 12.66
OUTPATIENT VISITS	1,854	2,476	90,369.09	36.50	.080	48.74	2.93
OFFICE VISITS	1,390	1,743	54,734.56	31.40	.056	39.38	1.77
HOME VISITS	3	4	165.80	41.45	.000	55.27	.01
EMERGENCY ROOM	136	159	8,706.10	54.76	.005	64.02	.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	133	239	19,062.16	79.76	.008	143.32	.62
OTHER OUTPATIENT	257	331	7,700.47	23.26	.011	29.96	.25
INPATIENT VISITS	188	547	30,215.03	55.24	.018	160.72	.98
HOSPITAL VISITS	182	489	22,214.68	45.43	.016	122.06	.72
CRITICAL CARE	20	57	7,953.64	139.54	.002	397.68	.26
SNF/ICF/TRANS IP CARE	1	1	46.71	46.71	.000	46.71	.00
OPHTHALMOLOGICAL SERVICES	86	99	4,398.25	44.43	.003	51.14	.14

EXAMINATIONS	86	99		4,398.25		44.43	.003	51.14	.14
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	178	529		139,622.43		263.94	.017	784.40	4.52
PRINCIPAL SURGEON	140	171		128,409.57		750.93	.006	917.21	4.16
ASSISTANT SURGEON	20	19		3,104.48		163.39	.001	155.22	.10
ANESTHESIOLOGIST	29	339		8,108.38		23.92	.011	279.60	.26
OUTPATIENT SURGERY	294	666		54,395.93		81.68	.022	185.02	1.76
PRINCIPAL SURGEON	259	333		46,046.44		138.28	.011	177.79	1.49
ASSISTANT SURGEON	3	3		261.73		87.24	.000	87.24	.01
ANESTHESIOLOGIST	47	330		8,087.76		24.51	.011	172.08	.26
DIALYSIS	1	12		199.44		16.62	.000	199.44	.01
PATHOLOGY	372	542		5,713.95		10.54	.018	15.36	.19
RADIOLOGY	460	649		26,045.50		40.13	.021	56.62	.84
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	44	131		2,429.64		18.55	.004	55.22	.08
OTHER SERVICES/ALL X-OVERS	721	2,002		37,536.85		18.75	.065	52.06	1.22
@PHARMACY	7,820	29,864	\$	1,223,062.49	\$	40.95	.968	\$ 156.40	\$ 39.62
PRESCRIPTION DRUGS	7,708	21,163		1,193,974.68		56.42	.686	154.90	38.68
SNF/ICF	556	3,492		188,884.09		54.09	.113	339.72	6.12
OUTPATIENTS	7,159	17,671		1,005,090.59		56.88	.572	140.40	32.56
MEDICAL SUPPLIES	312	8,701		29,087.81		3.34	.282	93.23	.94
@DENTIST	847	3,924	\$	156,820.48	\$	39.96	.127	\$ 185.15	\$ 5.08
VISITS - DIAGNOSTIC	544	2,323		33,624.45		14.47	.075	61.81	1.09
ORAL SURGERY	114	270		17,366.23		64.32	.009	152.34	.56
DRUGS	14	18		346.68		19.26	.001	24.76	.01
ANESTHESIA	18	18		1,900.00		105.56	.001	105.56	.06
PERIODONTICS	44	45		8,194.00		182.09	.001	186.23	.27
ENDODONTICS	49	142		16,213.50		114.18	.005	330.89	.53
RESTORATIVE DENTISTRY	285	933		60,256.75		64.58	.030	211.43	1.95
PROSTHETICS	1	1		30.00		30.00	.000	30.00	.00
DENTURES, STAYPLATES	21	51		8,589.50		168.42	.002	409.02	.28
SPACE MAINTAINERS	11	12		1,127.37		93.95	.000	102.49	.04

MAXILLOFACIAL SERVICES	7	10	292.00	29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	80	96	8,580.00	89.38	.003	107.25	.28
ALL OTHER SERVICES	5	5	300.00	60.00	.000	60.00	.01

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	30,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	337		820	\$ 19,800.12	\$ 24.15	.027	\$ 58.75	\$.64
DIAGNOSTIC AND ANC. PROCED	220		222	10,380.52	46.76	.007	47.18	.34
EYE APPLIANCES	219		586	9,140.46	15.60	.019	41.74	.30
OTHER OPTOMETRIC SERVICES	10		12	279.14	23.26	.000	27.91	.01
@CHIROPRACTOR	11		16	\$ 267.52	\$ 16.72	.001	\$ 24.32	\$.01
VISITS	11		16	267.52	16.72	.001	24.32	.01
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	81		106	\$ 1,319.49	\$ 12.45	.003	\$ 16.29	\$.04
MEDICINE/INJECTIONS	8		9	313.00	34.78	.000	39.13	.01
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	73		97	1,006.49	10.38	.003	13.79	.03
@HOME HEALTH AGENCY	72		187	\$ 11,635.21	\$ 62.22	.006	\$ 161.60	\$.38
NURSE ANESTHESIST	62		306	\$ 5,800.42	\$ 18.96	.010	\$ 93.56	\$.19
NURSE MIDWIFE	7		14	\$ 2,804.70	\$ 200.34	.000	\$ 400.67	\$.09
PEDIATRIC NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0		0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	3,260		14,495	\$ 1,556,890.89	\$ 107.41	.470	\$ 477.57	\$ 50.44
HOSP INPATIENT TOTAL	239		887	1,159,239.04	1306.92	.029	4850.37	37.56
HSC HOSPITALS	34		186	242,494.03	1303.73	.006	7132.18	7.86
NON-HSC HOSPITAL TOTAL	173		587	896,196.87	1526.74	.019	5180.33	29.03
ACCOMMODATIONS	173		587	232,262.14	395.68	.019	1342.56	7.52
ADMINISTRATIVE DAYS	0		0	184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	173		587	232,446.82	395.99	.019	1343.62	7.53
ANCILLARIES	173		0	663,934.73	.00	.000	3837.77	21.51
INPATIENT CROSSOVERS	33		114	20,548.14	180.25	.004	622.67	.67
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3,136		13,608	397,651.85	29.22	.441	126.80	12.88
MEDICAL	913		1,330	66,633.81	50.10	.043	72.98	2.16
SURGERY	208		276	18,131.81	65.69	.009	87.17	.59
PATHOLOGY	1,540		4,940	57,897.72	11.72	.160	37.60	1.88
RADIOLOGY	955		1,838	78,823.37	42.89	.060	82.54	2.55
ROOM USE	1,556		2,127	83,687.60	39.35	.069	53.78	2.71
CROSSOVERS/ALL OTH OUTPTNT	1,224		3,097	92,477.54	29.86	.100	75.55	3.00
@COUNTY HOSPITAL TOTAL	4		72	\$ 64,482.33	\$ 895.59	.002	\$ 16120.58	\$ 2.09
CO HOSPITAL INPATIENT TOTAL	2		47	63,544.00	1352.00	.002	31772.00	2.06
HSC HOSPITALS	2		47	63,544.00	1352.00	.002	31772.00	2.06
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	2	25	938.33	37.53	.001	469.17	.03
MEDICAL	2	10	560.08	56.01	.000	280.04	.02
SURGERY	0	0	87.77	.00	.000	.00	.00
PATHOLOGY	2	8	41.66	5.21	.000	20.83	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	7	238.77	34.11	.000	119.39	.01
CROSSEOVERS/ALL OTH OUTPTNT	0	0	10.05	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,691
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY						
----- MONTHLY AVERAGE -----							
30,867 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,258	14,423	\$ 1,492,408.56	\$ 103.47	.467	\$ 458.08	\$ 48.35
COMM HOSP INPATIENT TOTAL	238	840	1,095,695.04	1304.40	.027	4603.76	35.50
HSC HOSPITALS	32	139	178,950.03	1287.41	.005	5592.19	5.80
NON-HSC HOSPITALS TOTAL	173	587	896,196.87	1526.74	.019	5180.33	29.03
ACCOMMODATIONS	173	587	232,262.14	395.68	.019	1342.56	7.52
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	173	587	232,446.82	395.99	.019	1343.62	7.53
ANCILLARIES	173	0	663,934.73	.00	.000	3837.77	21.51
INPATIENT CROSSEOVERS	33	114	20,548.14	180.25	.004	622.67	.67
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,135	13,583	396,713.52	29.21	.440	126.54	12.85
MEDICAL	911	1,320	66,073.73	50.06	.043	72.53	2.14
SURGERY	208	276	18,044.04	65.38	.009	86.75	.58
PATHOLOGY	1,539	4,932	57,856.06	11.73	.160	37.59	1.87
RADIOLOGY	955	1,838	78,823.37	42.89	.060	82.54	2.55
ROOM USE	1,554	2,120	83,448.83	39.36	.069	53.70	2.70
CROSSEOVERS/ALL OTH OUTPTNT	1,224	3,097	92,467.49	29.86	.100	75.55	3.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	555	16,894	\$ 1,629,494.62	\$ 96.45	.547	\$ 2936.03	\$ 52.79
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	49	1,486	134,278.24	90.36	.048	2740.37	4.35
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	506	15,408	1,495,216.38	97.04	.499	2954.97	48.44
@INTERMEDIATE CARE FACIL.-DD	10	304	\$ 36,343.44	\$ 119.55	.010	\$ 3634.34	\$ 1.18
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	10	304	36,343.44	119.55	.010	3634.34	1.18
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	29	106	\$ 21,730.38	\$ 205.00	.003	\$ 749.32	\$.70
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	29	106	21,730.38	205.00	.003	749.32	.70
@REHABILITATION FACILITY	7	10	\$ 663.97	\$ 66.40	.000	\$ 94.85	\$.02
HOSPITAL BASED	7	10	663.97	66.40	.000	94.85	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	971	2,525	\$ 41,949.76	\$ 16.61	.082	\$ 43.20	\$ 1.36
PATHOLOGY	965	2,518	41,882.00	16.63	.082	43.40	1.36
XO AND OTHERS	6	7	67.76	9.68	.000	11.29	.00
@ORGANIZED OUTPATIENT CLINIC	5,009	7,819	\$ 607,608.45	\$ 77.71	.253	\$ 121.30	\$ 19.68
CLINIC	144	292	10,474.83	35.87	.009	72.74	.34

SURGICENTER	26	151	5,239.97	34.70	.005	201.54	.17
HEROIN DETOX CLINIC	1	7	76.65	10.95	.000	76.65	.00
RURAL HEALTH CLINIC	4,880	7,369	591,817.00	80.31	.239	121.27	19.17

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
30,867 ELIGIBLES							
@ALL OTHER PROVIDERS	1,157	23,904	\$ 174,830.32	\$ 7.31	.774	\$ 151.11	\$ 5.66
DURABLE MED. EQUIP.	73	150	45,624.95	304.17	.005	625.00	1.48
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	9	15	5,160.69	344.05	.000	573.41	.17
MEDICAL TRANSPORTATION	147	4,510	48,858.93	10.83	.146	332.37	1.58
AMBULANCES/AIR TRANS	70	1,769	21,761.45	12.30	.057	310.88	.71
OTHER TRANS	37	2,010	8,210.29	4.08	.065	221.90	.27
OTHER SERVICES	49	731	18,887.19	25.84	.024	385.45	.61
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	97	97	8,027.00	82.75	.003	82.75	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	273	622	6,654.78	10.70	.020	24.38	.22
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	1	2	3.09	1.55	.000	3.09	.00
PROSTHETIST/ORTHOTISTS	32	81	15,424.45	190.43	.003	482.01	.50
PROSTHETICS	32	81	15,424.45	190.43	.003	482.01	.50
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	2	5	113.98	22.80	.000	56.99	.00
SPEECH AND AUDIOLOGY	26	61	7,935.19	130.09	.002	305.20	.26
HOSPICE SERVICES	0	0	1,241.61	.00	.000	.00	.04
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	398	2,346	25,250.24	10.76	.076	63.44	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	118	16,013	10,419.69	.65	.519	88.30	.34
@CALIF. CHILDREN SERVICES*	121	666	\$ 125,489.98	\$ 188.42	.022	\$ 1037.11	\$ 4.07
@XOVER EXCLUDING STATE HOSP**	846	6,681	\$ 107,782.88	\$ 16.13	.216	\$ 127.40	\$ 3.49

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,693
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82	

	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
839 ELIGIBLES							
@TOTAL, ALL PROVIDERS	324	1,398	\$ 76,096.94	\$ 54.43	1.666	\$ 234.87	\$ 90.70
@PHYSICIANS SERVICES	93	237	\$ 11,065.47	\$ 46.69	.282	\$ 118.98	\$ 13.19
OUTPATIENT VISITS	68	81	2,927.04	36.14	.097	43.04	3.49
OFFICE VISITS	56	67	2,165.52	32.32	.080	38.67	2.58
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	161.71	40.43	.005	40.43	.19
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	6	502.67	83.78	.007	100.53	.60

OTHER OUTPATIENT	4	4	97.14	24.29	.005	24.29	.12
INPATIENT VISITS	5	28	4,226.70	150.95	.033	845.34	5.04
HOSPITAL VISITS	4	11	601.00	54.64	.013	150.25	.72
CRITICAL CARE	2	17	3,625.70	213.28	.020	1812.85	4.32
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	10	873.66	87.37	.012	436.83	1.04
PRINCIPAL SURGEON	1	1	671.64	671.64	.001	671.64	.80
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	202.02	22.45	.011	202.02	.24
OUTPATIENT SURGERY	8	13	754.31	58.02	.015	94.29	.90
PRINCIPAL SURGEON	8	10	648.95	64.90	.012	81.12	.77
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.004	105.36	.13
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	13	36	405.96	11.28	.043	31.23	.48
RADIOLOGY	17	57	1,527.53	26.80	.068	89.85	1.82
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	10	12	350.27	29.19	.014	35.03	.42
@PHARMACY	143	464	\$ 5,822.48	\$ 12.55	.553	\$ 40.72	\$ 6.94
PRESCRIPTION DRUGS	139	260	5,647.13	21.72	.310	40.63	6.73
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	139	260	5,647.13	21.72	.310	40.63	6.73
MEDICAL SUPPLIES	4	204	175.35	.86	.243	43.84	.21
@DENTIST	19	71	\$ 2,735.00	\$ 38.52	.085	\$ 143.95	\$ 3.26
VISITS - DIAGNOSTIC	13	46	690.00	15.00	.055	53.08	.82
ORAL SURGERY	1	4	400.00	100.00	.005	400.00	.48
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.12
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.001	71.00	.08
RESTORATIVE DENTISTRY	3	12	984.00	82.00	.014	328.00	1.17
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	7	490.00	70.00	.008	122.50	.58
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,694
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82						

						----- MONTHLY AVERAGE -----			
839 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@OPTOMETRIST	5	14	\$ 365.80	\$ 26.13	.017	\$ 73.16	\$.44		
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.006	47.45	.28		
EYE APPLIANCES	3	9	128.55	14.28	.011	42.85	.15		
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00		
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00		
VISITS	0	0	.00	.00	.000	.00	.00		
OTHER SERVICES	0	0	.00	.00	.000	.00	.00		
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00		

MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4	\$	62.92	\$ 15.73	.005	\$ 62.92	\$.07
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	69	328	\$	38,869.84	\$ 118.51	.391	\$ 563.33	\$ 46.33
HOSP INPATIENT TOTAL	3	23		29,997.00	1304.22	.027	9999.00	35.75
HSC HOSPITALS	3	23		29,997.00	1304.22	.027	9999.00	35.75
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	66	305		8,872.84	29.09	.364	134.44	10.58
MEDICAL	31	37		2,079.61	56.21	.044	67.08	2.48
SURGERY	3	6		367.67	61.28	.007	122.56	.44
PATHOLOGY	46	139		1,639.28	11.79	.166	35.64	1.95
RADIOLOGY	17	33		1,801.24	54.58	.039	105.96	2.15
ROOM USE	46	55		2,444.75	44.45	.066	53.15	2.91
CROSSOVERS/ALL OTH OUTPTNT	29	35		540.29	15.44	.042	18.63	.64
@COUNTY HOSPITAL TOTAL	0	0	\$	24.05	\$.00	.000	\$.00	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	24.05	.00	.000	.00	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	3.89	.00	.000	.00	.00
PATHOLOGY	0	0	2.96	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	17.20	.00	.000	.00	.02

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COLUSA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

839 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	69	328	\$ 38,845.79	\$ 118.43	.391	\$ 562.98	\$ 46.30
COMM HOSP INPATIENT TOTAL	3	23	29,997.00	1304.22	.027	9999.00	35.75
HSC HOSPITALS	3	23	29,997.00	1304.22	.027	9999.00	35.75
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	66	305	8,848.79	29.01	.364	134.07	10.55
MEDICAL	31	37	2,079.61	56.21	.044	67.08	2.48
SURGERY	3	6	363.78	60.63	.007	121.26	.43
PATHOLOGY	46	139	1,636.32	11.77	.166	35.57	1.95
RADIOLOGY	17	33	1,801.24	54.58	.039	105.96	2.15
ROOM USE	46	55	2,444.75	44.45	.066	53.15	2.91
CROSSOVERS/ALL OTH OUTPTNT	29	35	523.09	14.95	.042	18.04	.62
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	20	60	\$	1,350.65	\$	22.51	.072	\$ 67.53 \$ 1.61
PATHOLOGY	20	60		1,350.65		22.51	.072	67.53 1.61
XO AND OTHERS	0	0		.00		.00	.000	.00 .00
@ORGANIZED OUTPATIENT CLINIC	107	167	\$	13,633.88	\$	81.64	.199	\$ 127.42 \$ 16.25
CLINIC	1	4		109.40		27.35	.005	109.40 .13
SURGICENTER	0	0		.00		.00	.000	.00 .00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00 .00
RURAL HEALTH CLINIC	106	163		13,524.48		82.97	.194	127.59 16.12

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

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839 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	15	53	\$ 2,190.90	\$ 41.34	.063	\$ 146.06	\$ 2.61
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	9	267.58	29.73	.011	133.79	.32
AMBULANCES/AIR TRANS	2	9	267.58	29.73	.011	133.79	.32
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	130.16	10.01	.015	21.69	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	31	1,793.16	57.84	.037	256.17	2.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	124	\$ 32,715.50	\$ 263.83	.148	\$ 3635.06	\$ 38.99
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 45 MIC - SOC

PAGE 1,697 01/17/03

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	19	154	\$ 4,941.48	\$ 32.09	11.000	\$ 260.08	\$ 352.96
@PHYSICIANS SERVICES	7	11	\$ 995.46	\$ 90.50	.786	\$ 142.21	\$ 71.10

OUTPATIENT VISITS	1	1	20.94	20.94	.071	20.94	1.50
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.071	20.94	1.50
INPATIENT VISITS	2	4	190.94	47.74	.286	95.47	13.64
HOSPITAL VISITS	2	4	190.94	47.74	.286	95.47	13.64
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	400.59	400.59	.071	400.59	28.61
PRINCIPAL SURGEON	1	1	400.59	400.59	.071	400.59	28.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.53	10.53	.071	10.53	.75
RADIOLOGY	3	3	334.86	111.62	.214	111.62	23.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.60	37.60	.071	37.60	2.69
@PHARMACY	1	2	\$ 16.03	\$ 8.02	.143	\$ 16.03	\$ 1.15
PRESCRIPTION DRUGS	1	2	16.03	8.02	.143	16.03	1.15
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	16.03	8.02	.143	16.03	1.15
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00
@TOTAL HOSPITAL	6	36	\$	3,049.60	\$	84.71	2.571	\$	508.27
HOSP INPATIENT TOTAL	2	4		1,865.02		466.26	.286		932.51
HSC HOSPITALS	1	2		1,865.02		932.51	.143		1865.02
NON-HSC HOSPITAL TOTAL	1	2		.00		.00	.143		.00
ACCOMMODATIONS	1	2		.00		.00	.143		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	1	2		.00		.00	.143		.00
ANCILLARIES	1	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
HOSP OUTPATIENT TOTAL	4	32		1,184.58		37.02	2.286		296.15
MEDICAL	3	6		270.03		45.01	.429		90.01
SURGERY	2	2		178.41		89.21	.143		89.21
PATHOLOGY	2	4		52.48		13.12	.286		26.24
RADIOLOGY	1	7		247.60		35.37	.500		247.60
ROOM USE	4	7		319.84		45.69	.500		79.96
CROSSOVERS/ALL OTH OUTPTNT	3	6		116.22		19.37	.429		38.74
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00
ANCILLARIES	0	0		.00		.00	.000		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00
MEDICAL	0	0		.00		.00	.000		.00
SURGERY	0	0		.00		.00	.000		.00
PATHOLOGY	0	0		.00		.00	.000		.00
RADIOLOGY	0	0		.00		.00	.000		.00
ROOM USE	0	0		.00		.00	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

----- MONTHLY AVERAGE -----
14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	36	\$	3,049.60	\$ 84.71	2.571	\$ 508.27	\$ 217.83
COMM HOSP INPATIENT TOTAL	2	4		1,865.02	466.26	.286	932.51	133.22
HSC HOSPITALS	1	2		1,865.02	932.51	.143	1865.02	133.22
NON-HSC HOSPITALS TOTAL	1	2		.00	.00	.143	.00	.00
ACCOMMODATIONS	1	2		.00	.00	.143	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2		.00	.00	.143	.00	.00
ANCILLARIES	1	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	32		1,184.58	37.02	2.286	296.15	84.61
MEDICAL	3	6		270.03	45.01	.429	90.01	19.29
SURGERY	2	2		178.41	89.21	.143	89.21	12.74
PATHOLOGY	2	4		52.48	13.12	.286	26.24	3.75
RADIOLOGY	1	7		247.60	35.37	.500	247.60	17.69
ROOM USE	4	7		319.84	45.69	.500	79.96	22.85
CROSSOVERS/ALL OTH OUTPTNT	3	6		116.22	19.37	.429	38.74	8.30
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	38.00	\$	38.00	.071	\$ 38.00	\$ 2.71
PATHOLOGY	1	1		38.00		38.00	.071	38.00	2.71
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	139.76	\$	69.88	.143	\$ 69.88	\$ 9.98
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	2	2		139.76		69.88	.143	69.88	9.98

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,700
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC

14 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	4	102	\$ 702.63	\$ 6.89	7.286	\$ 175.66	\$ 50.19
DURABLE MED. EQUIP.	1	2	119.15	59.58	.143	119.15	8.51
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	100	583.48	5.83	7.143	194.49	41.68
AMBULANCES/AIR TRANS	3	100	583.48	5.83	7.143	194.49	41.68
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	3CR	\$ 119.49CR	\$ 39.83	.214CR	\$.00	\$ 8.54CR
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,701
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

853 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	343	1,552	\$ 81,038.42	\$ 52.22	1.819	\$ 236.26	\$ 95.00
@PHYSICIANS SERVICES	100	248	\$ 12,060.93	\$ 48.63	.291	\$ 120.61	\$ 14.14
OUTPATIENT VISITS	69	82	2,947.98	35.95	.096	42.72	3.46
OFFICE VISITS	56	67	2,165.52	32.32	.079	38.67	2.54
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	161.71	40.43	.005	40.43	.19
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	6	502.67	83.78	.007	100.53	.59
OTHER OUTPATIENT	5	5	118.08	23.62	.006	23.62	.14
INPATIENT VISITS	7	32	4,417.64	138.05	.038	631.09	5.18
HOSPITAL VISITS	6	15	791.94	52.80	.018	131.99	.93
CRITICAL CARE	2	17	3,625.70	213.28	.020	1812.85	4.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	11	1,274.25	115.84	.013	424.75	1.49
PRINCIPAL SURGEON	2	2	1,072.23	536.12	.002	536.12	1.26
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	202.02	22.45	.011	202.02	.24
OUTPATIENT SURGERY	8	13	754.31	58.02	.015	94.29	.88
PRINCIPAL SURGEON	8	10	648.95	64.90	.012	81.12	.76
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.004	105.36	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	14	37	416.49	11.26	.043	29.75	.49
RADIOLOGY	20	60	1,862.39	31.04	.070	93.12	2.18
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	11	13	387.87	29.84	.015	35.26	.45
@PHARMACY	144	466	\$ 5,838.51	\$ 12.53	.546	\$ 40.55	\$ 6.84
PRESCRIPTION DRUGS	140	262	5,663.16	21.62	.307	40.45	6.64
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	140	262	5,663.16	21.62	.307	40.45	6.64
MEDICAL SUPPLIES	4	204	175.35	.86	.239	43.84	.21
@DENTIST	19	71	\$ 2,735.00	\$ 38.52	.083	\$ 143.95	\$ 3.21
VISITS - DIAGNOSTIC	13	46	690.00	15.00	.054	53.08	.81
ORAL SURGERY	1	4	400.00	100.00	.005	400.00	.47
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.12
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.001	71.00	.08
RESTORATIVE DENTISTRY	3	12	984.00	82.00	.014	328.00	1.15
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	7	490.00	70.00	.008	122.50	.57
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

COLUSA COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

853 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@OPTOMETRIST	5	14	\$ 365.80	\$ 26.13	.016	\$ 73.16	\$.43
DIAGNOSTIC AND ANC. PROCED	5	5	237.25	47.45	.006	47.45	.28
EYE APPLIANCES	3	9	128.55	14.28	.011	42.85	.15
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4	\$ 62.92	\$ 15.73	.005	\$ 62.92	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	75	364	\$ 41,919.44	\$ 115.16	.427	\$ 558.93	\$ 49.14
HOSP INPATIENT TOTAL	5	27	31,862.02	1180.07	.032	6372.40	37.35
HSC HOSPITALS	4	25	31,862.02	1274.48	.029	7965.51	37.35
NON-HSC HOSPITAL TOTAL	1	2	.00	.00	.002	.00	.00
ACCOMMODATIONS	1	2	.00	.00	.002	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	.00	.00	.002	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	70	337	10,057.42	29.84	.395	143.68	11.79
MEDICAL	34	43	2,349.64	54.64	.050	69.11	2.75
SURGERY	5	8	546.08	68.26	.009	109.22	.64
PATHOLOGY	48	143	1,691.76	11.83	.168	35.25	1.98
RADIOLOGY	18	40	2,048.84	51.22	.047	113.82	2.40
ROOM USE	50	62	2,764.59	44.59	.073	55.29	3.24
CROSSOVERS/ALL OTH OUTPTNT	32	41	656.51	16.01	.048	20.52	.77
@COUNTY HOSPITAL TOTAL	0	0	\$ 24.05	\$.00	.000	\$.00	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	24.05	.00	.000	.00	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	3.89	.00	.000	.00	.00
PATHOLOGY	0	0	2.96	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

853 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	75	364	\$ 41,895.39	\$ 115.10	.427	\$ 558.61	\$ 49.12
COMM HOSP INPATIENT TOTAL	5	27	31,862.02	1180.07	.032	6372.40	37.35
HSC HOSPITALS	4	25	31,862.02	1274.48	.029	7965.51	37.35
NON-HSC HOSPITALS TOTAL	1	2	.00	.00	.002	.00	.00
ACCOMMODATIONS	1	2	.00	.00	.002	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	.00	.00	.002	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	70	337	10,033.37	29.77	.395	143.33	11.76
MEDICAL	34	43	2,349.64	54.64	.050	69.11	2.75
SURGERY	5	8	542.19	67.77	.009	108.44	.64
PATHOLOGY	48	143	1,688.80	11.81	.168	35.18	1.98
RADIOLOGY	18	40	2,048.84	51.22	.047	113.82	2.40
ROOM USE	50	62	2,764.59	44.59	.073	55.29	3.24
CROSSOVERS/ALL OTH OUTPTNT	32	41	639.31	15.59	.048	19.98	.75
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	61	\$ 1,388.65	\$ 22.76	.072	\$ 66.13	\$ 1.63
PATHOLOGY	21	61	1,388.65	22.76	.072	66.13	1.63
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	109	169	\$ 13,773.64	\$ 81.50	.198	\$ 126.36	\$ 16.15
CLINIC	1	4	109.40	27.35	.005	109.40	.13
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	108	165	13,664.24	82.81	.193	126.52	16.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,704
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN						

853 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	19	155	\$ 2,893.53	\$ 18.67	.182	\$ 152.29	\$ 3.39
DURABLE MED. EQUIP.	1	2	119.15	59.58	.002	119.15	.14
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	109	851.06	7.81	.128	170.21	1.00
AMBULANCES/AIR TRANS	5	109	851.06	7.81	.128	170.21	1.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	130.16	10.01	.015	21.69	.15
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	31	1,793.16	57.84	.036	256.17	2.10
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	121	\$ 32,596.01	\$ 269.39	.142	\$ 3621.78	\$ 38.21

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,705
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,706
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,707
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,708
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,709
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	74	\$ 4,417.84	\$ 59.70	1.947	\$ 210.37	\$ 116.26
@PHYSICIANS SERVICES	14	35	\$ 1,213.40	\$ 34.67	.921	\$ 86.67	\$ 31.93
OUTPATIENT VISITS	2	3	187.81	62.60	.079	93.91	4.94
OFFICE VISITS	2	2	61.50	30.75	.053	30.75	1.62
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.026	126.31	3.32

OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	5		282.42	56.48	.132	94.14	7.43
HOSPITAL VISITS	3	5		282.42	56.48	.132	94.14	7.43
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	7		354.60	50.66	.184	354.60	9.33
PRINCIPAL SURGEON	0	0		127.36	.00	.000	.00	3.35
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		227.24	32.46	.184	227.24	5.98
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	5		27.44	5.49	.132	9.15	.72
RADIOLOGY	9	14		307.73	21.98	.368	34.19	8.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		53.40	53.40	.026	53.40	1.41
@PHARMACY	6	15	\$	388.02	\$ 25.87	.395	\$ 64.67	\$ 10.21
PRESCRIPTION DRUGS	3	10		157.74	15.77	.263	52.58	4.15
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	3	10		157.74	15.77	.263	52.58	4.15
MEDICAL SUPPLIES	3	5		230.28	46.06	.132	76.76	6.06
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,710
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT						
				AID CODE			
					----- MONTHLY AVERAGE -----		
38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	4 \$	90.30	\$ 22.58	.105	\$ 90.30	\$ 2.38
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.026	47.45	1.25
EYE APPLIANCES	1	3	42.85	14.28	.079	42.85	1.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	12 \$	2,443.07	\$ 203.59	.316	\$ 488.61	\$ 64.29
HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
ACCOMMODATIONS	1	1	255.20	255.20	.026	255.20	6.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	255.20	255.20	.026	255.20	6.72
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25	40.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	11	659.62	59.97	.289	131.92	17.36
MEDICAL	0	0	14.69	.00	.000	.00	.39
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	127.21	21.20	.158	63.61	3.35
RADIOLOGY	4	5	297.22	59.44	.132	74.31	7.82
ROOM USE	0	0	107.94	.00	.000	.00	2.84
CROSSOVERS/ALL OTH OUTPTNT	0	0	112.56	.00	.000	.00	2.96
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,711
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	12	\$ 2,443.07	\$ 203.59	.316 \$ 488.61 \$ 64.29
COMM HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026 1783.45 46.93
HSC HOSPITALS	0	0	.00	.00	.000 .00 .00
NON-HSC HOSPITALS TOTAL	1	1	1,783.45	1783.45	.026 1783.45 46.93
ACCOMMODATIONS	1	1	255.20	255.20	.026 255.20 6.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	1	1	255.20	255.20	.026 255.20 6.72
ANCILLARIES	1	0	1,528.25	.00	.000 1528.25 40.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	5	11	659.62	59.97	.289 131.92 17.36
MEDICAL	0	0	14.69	.00	.000 .00 .39
SURGERY	0	0	.00	.00	.000 .00 .00
PATHOLOGY	2	6	127.21	21.20	.158 63.61 3.35
RADIOLOGY	4	5	297.22	59.44	.132 74.31 7.82
ROOM USE	0	0	107.94	.00	.000 .00 2.84
CROSSOVERS/ALL OTH OUTPTNT	0	0	112.56	.00	.000 .00 2.96
@STATE HOSPITAL	0	0	.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	0	0	.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	0	0	.00	.00	.000 .00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	.00	.00	.000 .00 .00
@REHABILITATION FACILITY	0	0	.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00		.000		.00		.00
@LABORATORY FACILITY	1	1	\$	15.79	\$	15.79		.026	\$	15.79	\$	.42
PATHOLOGY	1	1		15.79		15.79		.026		15.79		.42
XO AND OTHERS	0	0		.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	86.98	\$	86.98		.026	\$	86.98	\$	2.29
CLINIC	0	0		.00		.00		.000		.00		.00
SURGICENTER	0	0		.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	1	1		86.98		86.98		.026		86.98		2.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,712
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	6	\$ 180.28	\$ 30.05	.158	\$ 60.09	\$ 4.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	147.00	73.50	.053	73.50	3.87
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.28	8.32	.105	33.28	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 961.20CR	\$ 961.20	.026CR	.00	\$ 25.29CR
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,713
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC	

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	21	74	\$ 4,417.84	\$ 59.70	1.947	\$ 210.37	\$ 116.26
@PHYSICIANS SERVICES	14	35	\$ 1,213.40	\$ 34.67	.921	\$ 86.67	\$ 31.93

OUTPATIENT VISITS	2	3		187.81	62.60	.079	93.91	4.94
OFFICE VISITS	2	2		61.50	30.75	.053	30.75	1.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.026	126.31	3.32
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	3	5		282.42	56.48	.132	94.14	7.43
HOSPITAL VISITS	3	5		282.42	56.48	.132	94.14	7.43
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	7		354.60	50.66	.184	354.60	9.33
PRINCIPAL SURGEON	0	0		127.36	.00	.000	.00	3.35
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7		227.24	32.46	.184	227.24	5.98
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	3	5		27.44	5.49	.132	9.15	.72
RADIOLOGY	9	14		307.73	21.98	.368	34.19	8.10
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		53.40	53.40	.026	53.40	1.41
@PHARMACY	6	15	\$	388.02	\$ 25.87	.395	\$ 64.67	\$ 10.21
PRESCRIPTION DRUGS	3	10		157.74	15.77	.263	52.58	4.15
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	3	10		157.74	15.77	.263	52.58	4.15
MEDICAL SUPPLIES	3	5		230.28	46.06	.132	76.76	6.06
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,714
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC							

			----- MONTHLY AVERAGE -----					
38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	1	4 \$	90.30	\$ 22.58	.105	\$ 90.30	\$ 2.38	
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.026	47.45	1.25	

EYE APPLIANCES	1	3		42.85	14.28	.079	42.85	1.13
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	12	\$	2,443.07	\$ 203.59	.316	\$ 488.61	\$ 64.29
HOSP INPATIENT TOTAL	1	1		1,783.45	1783.45	.026	1783.45	46.93
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1		1,783.45	1783.45	.026	1783.45	46.93
ACCOMMODATIONS	1	1		255.20	255.20	.026	255.20	6.72
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		255.20	255.20	.026	255.20	6.72
ANCILLARIES	1	0		1,528.25	.00	.000	1528.25	40.22
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	11		659.62	59.97	.289	131.92	17.36
MEDICAL	0	0		14.69	.00	.000	.00	.39
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	6		127.21	21.20	.158	63.61	3.35
RADIOLOGY	4	5		297.22	59.44	.132	74.31	7.82
ROOM USE	0	0		107.94	.00	.000	.00	2.84

CROSSOVERS/ALL OTH OUTPTNT	0	0	112.56	.00	.000	.00	2.96
@COUNTY HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,715
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5	12	\$ 2,443.07	\$ 203.59	.316	\$ 488.61	\$ 64.29	
COMM HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93	
ACCOMMODATIONS	1	1	255.20	255.20	.026	255.20	6.72	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	1	1	255.20	255.20	.026	255.20	6.72	
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25	40.22	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	5	11	659.62	59.97	.289	131.92	17.36	
MEDICAL	0	0	14.69	.00	.000	.00	.39	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	6	127.21	21.20	.158	63.61	3.35	
RADIOLOGY	4	5	297.22	59.44	.132	74.31	7.82	
ROOM USE	0	0	107.94	.00	.000	.00	2.84	
CROSSOVERS/ALL OTH OUTPTNT	0	0	112.56	.00	.000	.00	2.96	
@STATE HOSPITAL	0	0	.00	.00	.000	.00	.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	.00	.00	.000	.00	.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00	
@INTERMEDIATE CARE FACIL.-DD	0	0	.00	.00	.000	.00	.00	
ICF DDH	0	0	.00	.00	.000	.00	.00	
ICF DD	0	0	.00	.00	.000	.00	.00	

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	15.79	\$	15.79	.026	\$ 15.79	\$.42
PATHOLOGY	1	1		15.79		15.79	.026	15.79	.42
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	86.98	\$	86.98	.026	\$ 86.98	\$ 2.29
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		86.98		86.98	.026	86.98	2.29

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,716
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

38 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	3	6	\$ 180.28	\$ 30.05	.158	\$ 60.09	\$ 4.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	147.00	73.50	.053	73.50	3.87
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.28	8.32	.105	33.28	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 961.20CR	\$ 961.20	.026CR	\$.00	\$ 25.29CR
@XOVER EXCLUDING STATE HOSP**	0	0	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,717
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	MONTHLY AVERAGE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	7	237	\$ 19,702.34	\$ 83.13	23.700	\$ 2814.62	\$ 1970.23
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	28	\$ 1,857.04	\$ 66.32	2.800	\$ 309.51	\$ 185.70
PRESCRIPTION DRUGS	6	28	1,857.04	66.32	2.800	309.51	185.70
SNF/ICF	6	28	1,857.04	66.32	2.800	309.51	185.70
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	7	\$ 1,040.00	\$ 148.57	.700	\$ 346.67	\$ 104.00
VISITS - DIAGNOSTIC	2	4	95.00	23.75	.400	47.50	9.50
ORAL SURGERY	1	1	45.00	45.00	.100	45.00	4.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.200	900.00	90.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

COLUSA COUNTY

SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC

AID CODE

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	12	\$ 72.54	\$ 6.05	1.200	\$ 72.54	\$ 7.25
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	12	72.54	6.05	1.200	72.54	7.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	12	72.54	6.05	1.200	72.54	7.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	12	\$ 72.54	\$ 6.05	1.200	\$ 72.54	\$ 7.25
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	12	72.54	6.05	1.200	72.54	7.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	1	12	72.54	6.05	1.200	72.54	7.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	163	\$ 16,542.08	\$ 101.49	16.300	\$ 2363.15	\$ 1654.21
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	163	16,542.08	101.49	16.300	2363.15	1654.21
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$ 13.00	\$.00	.000	\$.00	\$ 1.30
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	13.00	.00	.000	.00	1.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,720
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC						

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	27	\$ 177.68	\$ 6.58	2.700	\$ 88.84	\$ 17.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	24	42.90	1.79	2.400	42.90	4.29
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	24	42.90	1.79	2.400	42.90	4.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	134.78	44.93	.300	67.39	13.48
PROSTHETICS	2	3	134.78	44.93	.300	67.39	13.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 5 37 \$ 1,535.99 \$ 41.51 3.700 \$ 307.20 \$ 153.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,721
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,722
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,723
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,724
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,725

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@TOTAL, ALL PROVIDERS	7	237	\$ 19,702.34	\$ 83.13	23.700	\$ 2814.62	\$ 1970.23
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	28	\$ 1,857.04	\$ 66.32	2.800	\$ 309.51	\$ 185.70
PRESCRIPTION DRUGS	6	28	1,857.04	66.32	2.800	309.51	185.70
SNF/ICF	6	28	1,857.04	66.32	2.800	309.51	185.70
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	7	\$ 1,040.00	\$ 148.57	.700	\$ 346.67	\$ 104.00
VISITS - DIAGNOSTIC	2	4	95.00	23.75	.400	47.50	9.50
ORAL SURGERY	1	1	45.00	45.00	.100	45.00	4.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.200	900.00	90.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,726
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	1	12	\$ 72.54	\$ 6.05	1.200	\$ 72.54	\$ 7.25
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1	12	72.54	6.05	1.200	72.54	7.25
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	1	12	72.54	6.05	1.200	72.54	7.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,727
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	12	\$ 72.54	\$ 6.05	1.200	\$ 72.54
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	1	12	72.54	6.05	1.200	72.54
MEDICAL	0	0	.00	.00	.000	.00
SURGERY	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
ROOM USE	0	0	.00	.00	.000	.00
CROSSOVERS/ALL OTH OUTPTNT	1	12	72.54	6.05	1.200	72.54
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00
@NURSING FACILITY	7	163	\$ 16,542.08	\$ 101.49	16.300	\$ 2363.15
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
LEV B-REGULAR	7	163	16,542.08	101.49	16.300	2363.15
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00
ICF DDH	0	0	.00	.00	.000	.00
ICF DD	0	0	.00	.00	.000	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	13.00	\$	.00	.000	\$.00	\$ 1.30
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		13.00		.00	.000	.00	1.30

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,728
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	2	27	\$ 177.68	\$ 6.58	2.700	\$ 88.84	\$ 17.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	24	42.90	1.79	2.400	42.90	4.29
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	24	42.90	1.79	2.400	42.90	4.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	134.78	44.93	.300	67.39	13.48
PROSTHETICS	2	3	134.78	44.93	.300	67.39	13.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	37	\$ 1,535.99	\$ 41.51	3.700	\$ 307.20	\$ 153.60

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,729
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 53 FOR FUTURE USE	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

PAGE 1,730
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,731
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$	.00
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,732
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			COST PER USER	COST PER ELIGIBLE
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG			
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000		.00	.00
BLOOD BANK	0	0	.00	.00	.000		.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000		.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000		.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000		.00	.00
OTHER TRANS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
ACUPUNCTURE	0	0	.00	.00	.000		.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000		.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000		.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000		.00	.00
OPTICIAN	0	0	.00	.00	.000		.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000		.00	.00
PROSTHETICS	0	0	.00	.00	.000		.00	.00
ORTHOTICS	0	0	.00	.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$	.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,733
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	28	311	\$ 24,120.18	\$ 77.56	6.479	\$ 861.44	\$ 502.50
@PHYSICIANS SERVICES	14	35	\$ 1,213.40	\$ 34.67	.729	\$ 86.67	\$ 25.28
OUTPATIENT VISITS	2	3	187.81	62.60	.063	93.91	3.91
OFFICE VISITS	2	2	61.50	30.75	.042	30.75	1.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.021	126.31	2.63
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	5	282.42	56.48	.104	94.14	5.88
HOSPITAL VISITS	3	5	282.42	56.48	.104	94.14	5.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	7	354.60	50.66	.146	354.60	7.39
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	2.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	227.24	32.46	.146	227.24	4.73
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	27.44	5.49	.104	9.15	.57
RADIOLOGY	9	14	307.73	21.98	.292	34.19	6.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	53.40	53.40	.021	53.40	1.11
@PHARMACY	12	43	\$ 2,245.06	\$ 52.21	.896	\$ 187.09	\$ 46.77
PRESCRIPTION DRUGS	9	38	2,014.78	53.02	.792	223.86	41.97
SNF/ICF	6	28	1,857.04	66.32	.583	309.51	38.69
OUTPATIENTS	3	10	157.74	15.77	.208	52.58	3.29
MEDICAL SUPPLIES	3	5	230.28	46.06	.104	76.76	4.80
@DENTIST	3	7	\$ 1,040.00	\$ 148.57	.146	\$ 346.67	\$ 21.67
VISITS - DIAGNOSTIC	2	4	95.00	23.75	.083	47.50	1.98
ORAL SURGERY	1	1	45.00	45.00	.021	45.00	.94
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.042	900.00	18.75
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

COLUSA COUNTY

SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER COST PER ELIGIBLE
@OPTOMETRIST	1	4	\$ 90.30	\$ 22.58	.083	\$ 90.30 \$ 1.88
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.021	47.45 .99
EYE APPLIANCES	1	3	42.85	14.28	.063	42.85 .89
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00 .00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00 \$.00
VISITS	0	0	.00	.00	.000	.00 .00
OTHER SERVICES	0	0	.00	.00	.000	.00 .00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00 \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00 .00
SURGERY/ANES.	0	0	.00	.00	.000	.00 .00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00 .00
OTHER	0	0	.00	.00	.000	.00 .00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00 \$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00 \$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00 \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00 \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00 \$.00
@TOTAL HOSPITAL	6	24	\$ 2,515.61	\$ 104.82	.500	\$ 419.27 \$ 52.41
HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.021	1783.45 37.16
HSC HOSPITALS	0	0	.00	.00	.000	.00 .00
NON-HSC HOSPITAL TOTAL	1	1	1,783.45	1783.45	.021	1783.45 37.16
ACCOMMODATIONS	1	1	255.20	255.20	.021	255.20 5.32
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00 .00
ALL OTHER ACCOM	1	1	255.20	255.20	.021	255.20 5.32
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25 31.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00 .00

HOSP OUTPATIENT TOTAL	6	23	732.16	31.83	.479	122.03	15.25
MEDICAL	0	0	14.69	.00	.000	.00	.31
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	127.21	21.20	.125	63.61	2.65
RADIOLOGY	4	5	297.22	59.44	.104	74.31	6.19
ROOM USE	0	0	107.94	.00	.000	.00	2.25
CROSSOVERS/ALL OTH OUTPTNT	1	12	185.10	15.43	.250	185.10	3.86
@COUNTY HOSPITAL TOTAL	0	0	.00	\$.00	.000	\$.00	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,735
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS						

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	24	\$ 2,515.61	\$ 104.82	.500	\$ 419.27	\$ 52.41
COMM HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.021	1783.45	37.16
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	1,783.45	1783.45	.021	1783.45	37.16
ACCOMMODATIONS	1	1	255.20	255.20	.021	255.20	5.32
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	255.20	255.20	.021	255.20	5.32
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25	31.84
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	23	732.16	31.83	.479	122.03	15.25
MEDICAL	0	0	14.69	.00	.000	.00	.31
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	127.21	21.20	.125	63.61	2.65
RADIOLOGY	4	5	297.22	59.44	.104	74.31	6.19
ROOM USE	0	0	107.94	.00	.000	.00	2.25
CROSSOVERS/ALL OTH OUTPTNT	1	12	185.10	15.43	.250	185.10	3.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	163	\$ 16,542.08	\$ 101.49	3.396	\$ 2363.15	\$ 344.63
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	7	163		16,542.08	101.49	3.396	2363.15	344.63
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	1	1	\$	15.79	\$ 15.79	.021	\$ 15.79	\$.33
PATHOLOGY	1	1		15.79	15.79	.021	15.79	.33
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	99.98	\$ 99.98	.021	\$ 99.98	\$ 2.08
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	1	1		99.98	99.98	.021	99.98	2.08
#CALIF DEPT OF HEALTH SERV								
MOP024								
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MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

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 01/17/03

48 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	5	33	\$ 357.96	\$ 10.85	.688	\$ 71.59	\$ 7.46
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	24	42.90	1.79	.500	42.90	.89
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	24	42.90	1.79	.500	42.90	.89
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	147.00	73.50	.042	73.50	3.06
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.28	8.32	.083	33.28	.69
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	134.78	44.93	.063	67.39	2.81
PROSTHETICS	2	3	134.78	44.93	.063	67.39	2.81
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR	\$ 961.20CR	\$ 961.20	.021CR\$	.00	\$ 20.03CR

@XOVER EXCLUDING STATE HOSP** 5 37 \$ 1,535.99 \$ 41.51 .771 \$ 307.20 \$ 32.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,737
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

4,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	3,374	45,575	\$ 2,495,551.37	\$ 54.76	10.641	\$ 739.64	\$ 582.66
@PHYSICIANS SERVICES	538	1,443	\$ 25,001.95	\$ 17.33	.337	\$ 46.47	\$ 5.84
OUTPATIENT VISITS	27	38	1,293.33	34.04	.009	47.90	.30
OFFICE VISITS	20	29	854.22	29.46	.007	42.71	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	329.11	82.28	.001	82.28	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	110.00	22.00	.001	27.50	.03
INPATIENT VISITS	2	4	216.16	54.04	.001	108.08	.05
HOSPITAL VISITS	2	4	216.16	54.04	.001	108.08	.05
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7	269.34	38.48	.002	53.87	.06
EXAMINATIONS	5	7	269.34	38.48	.002	53.87	.06
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	420.30	.00	.000	.00	.10
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	420.30	.00	.000	.00	.10
OUTPATIENT SURGERY	7	18	2,778.49	154.36	.004	396.93	.65
PRINCIPAL SURGEON	6	6	2,556.58	426.10	.001	426.10	.60
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	12	221.91	18.49	.003	110.96	.05
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	20.78	5.20	.001	6.93	.00
RADIOLOGY	16	23	645.93	28.08	.005	40.37	.15
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	4	6	46.58	7.76	.001	11.65	.01
OTHER SERVICES/ALL X-OVERS	510	1,343	19,311.04	14.38	.314	37.86	4.51
@PHARMACY	2,865	18,506	\$ 739,381.31	\$ 39.95	4.321	\$ 258.07	\$ 172.63
PRESCRIPTION DRUGS	2,815	11,083	715,715.95	64.58	2.588	254.25	167.11
SNF/ICF	497	3,083	163,533.95	53.04	.720	329.04	38.18
OUTPATIENTS	2,323	8,000	552,182.00	69.02	1.868	237.70	128.92
MEDICAL SUPPLIES	195	7,423	23,665.36	3.19	1.733	121.36	5.53
@DENTIST	105	312	\$ 18,217.03	\$ 58.39	.073	\$ 173.50	\$ 4.25
VISITS - DIAGNOSTIC	80	205	3,469.00	16.92	.048	43.36	.81
ORAL SURGERY	14	37	1,893.03	51.16	.009	135.22	.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	100.00	.00	.000	.00	.02
PERIODONTICS	2	2	110.00	55.00	.000	55.00	.03
ENDODONTICS	3	3	920.00	306.67	.001	306.67	.21
RESTORATIVE DENTISTRY	17	34	3,250.00	95.59	.008	191.18	.76
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	16	31	8,475.00	273.39	.007	529.69	1.98
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	4,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	74		166 \$	3,170.82	\$ 19.10	.039	\$ 42.85	\$.74
DIAGNOSTIC AND ANC. PROCED	21		21	905.84	43.14	.005	43.14	.21
EYE APPLIANCES	55		138	2,197.21	15.92	.032	39.95	.51
OTHER OPTOMETRIC SERVICES	3		7	67.77	9.68	.002	22.59	.02
@CHIROPRACTOR	0		0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00	.00	.000	.00	.00
OTHER SERVICES	0		0	.00	.00	.000	.00	.00
@PODIATRIST	145		175 \$	1,706.60	\$ 9.75	.041	\$ 11.77	\$.40
MEDICINE/INJECTIONS	0		0	.00	.00	.000	.00	.00
SURGERY/ANES.	0		0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0		0	.00	.00	.000	.00	.00
OTHER	145		175	1,706.60	9.75	.041	11.77	.40
@HOME HEALTH AGENCY	0		0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3		16 \$	198.13	\$ 12.38	.004	\$ 66.04	\$.05
NURSE MIDWIFE	0		0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	614		2,497 \$	103,627.62	\$ 41.50	.583	\$ 168.77	\$ 24.20
HOSP INPATIENT TOTAL	60		306	72,144.94	235.77	.071	1202.42	16.84
HSC HOSPITALS	1		2	1,773.89	886.95	.000	1773.89	.41
NON-HSC HOSPITAL TOTAL	5		29	30,342.74	1046.30	.007	6068.55	7.08
ACCOMMODATIONS	4		29	14,978.61	516.50	.007	3744.65	3.50
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4		29	14,978.61	516.50	.007	3744.65	3.50
ANCILLARIES	5		0	15,364.13	.00	.000	3072.83	3.59
INPATIENT CROSSOVERS	54		275	40,028.31	145.56	.064	741.27	9.35
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	577		2,191	31,482.68	14.37	.512	54.56	7.35
MEDICAL	12		24	1,069.97	44.58	.006	89.16	.25
SURGERY	3		4	331.55	82.89	.001	110.52	.08
PATHOLOGY	17		54	746.27	13.82	.013	43.90	.17
RADIOLOGY	10		15	972.89	64.86	.004	97.29	.23
ROOM USE	14		20	948.48	47.42	.005	67.75	.22
CROSSOVERS/ALL OTH OUTPTNT	554		2,074	27,413.52	13.22	.484	49.48	6.40
@COUNTY HOSPITAL TOTAL	1		2 \$	1,773.89	\$ 886.95	.000	\$ 1773.89	\$.41
CO HOSPITAL INPATIENT TOTAL	1		2	1,773.89	886.95	.000	1773.89	.41
HSC HOSPITALS	1		2	1,773.89	886.95	.000	1773.89	.41
NON-HSC HOSPITALS TOTAL	0		0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0	.00	.00	.000	.00	.00
ANCILLARIES	0		0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,739
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	4,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	613	2,495	\$	101,853.73	\$ 40.82	.583	\$ 166.16	\$ 23.78
COMM HOSP INPATIENT TOTAL	59	304		70,371.05	231.48	.071	1192.73	16.43
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	29		30,342.74	1046.30	.007	6068.55	7.08
ACCOMMODATIONS	4	29		14,978.61	516.50	.007	3744.65	3.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	29		14,978.61	516.50	.007	3744.65	3.50
ANCILLARIES	5	0		15,364.13	.00	.000	3072.83	3.59
INPATIENT CROSSOVERS	54	275		40,028.31	145.56	.064	741.27	9.35
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	577	2,191		31,482.68	14.37	.512	54.56	7.35
MEDICAL	12	24		1,069.97	44.58	.006	89.16	.25
SURGERY	3	4		331.55	82.89	.001	110.52	.08
PATHOLOGY	17	54		746.27	13.82	.013	43.90	.17
RADIOLOGY	10	15		972.89	64.86	.004	97.29	.23
ROOM USE	14	20		948.48	47.42	.005	67.75	.22
CROSSOVERS/ALL OTH OUTPTNT	554	2,074		27,413.52	13.22	.484	49.48	6.40
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	509	15,271	\$ 1,485,730.08	\$ 97.29	3.565	\$ 2918.92	\$ 346.89
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	38	1,151	120,100.69	104.34	.269	3160.54	28.04
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	471	14,120	1,365,629.39	96.72	3.297	2899.43	318.85
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	28	41	\$ 17,096.71	\$ 416.99	.010	\$ 610.60	\$ 3.99
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	28	41	17,096.71	416.99	.010	610.60	3.99
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	32	\$ 390.14	\$ 12.19	.007	\$ 21.67	\$.09
PATHOLOGY	11	23	311.11	13.53	.005	28.28	.07
XO AND OTHERS	7	9	79.03	8.78	.002	11.29	.02
@ORGANIZED OUTPATIENT CLINIC	435	666	\$ 33,308.36	\$ 50.01	.155	\$ 76.57	\$ 7.78
CLINIC	5	9	316.94	35.22	.002	63.39	.07
SURGICENTER	6	10	1,271.90	127.19	.002	211.98	.30
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	426	647	31,719.52	49.03	.151	74.46	7.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,740
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

	4,283 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER	----- USER COST PER	----- ELIGIBLE
@ALL OTHER PROVIDERS	451	6,450	\$ 67,722.62	\$ 10.50	1.506	\$ 150.16	\$ 15.81	
DURABLE MED. EQUIP.	27	68	22,587.13	332.16	.016	836.56	5.27	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	14	21	6,030.42	287.16	.005	430.74	1.41	
MEDICAL TRANSPORTATION	86	3,400	14,357.78	4.22	.794	166.95	3.35	
AMBULANCES/AIR TRANS	1	3	137.96	45.99	.001	137.96	.03	
OTHER TRANS	35	2,514	9,775.05	3.89	.587	279.29	2.28	
OTHER SERVICES	52	883	4,444.77	5.03	.206	85.48	1.04	
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC,MODEL-NF,NF,AIDS,MSSP	4	38	1,705.00	44.87	.009	426.25	.40	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	70	161	2,202.51	13.68	.038	31.46	.51	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	1	2	3.09	1.55	.000	3.09	.00	
PROSTHETIST/ORTHOTISTS	8	15	452.97	30.20	.004	56.62	.11	
PROSTHETICS	8	15	452.97	30.20	.004	56.62	.11	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	8	14	748.61	53.47	.003	93.58	.17	
HOSPICE SERVICES	1	1	300.80	300.80	.000	300.80	.07	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	248	2,728	19,291.06	7.07	.637	77.79	4.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,343	6,935	\$ 146,334.85	\$ 21.10	1.619	\$ 108.96	\$ 34.17

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,741

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	138	5,341	\$ 76,486.66	\$ 14.32	29.508	\$ 554.25	\$ 422.58
@PHYSICIANS SERVICES	49	146	\$ 6,329.20	\$ 43.35	.807	\$ 129.17	\$ 34.97
OUTPATIENT VISITS	22	36	1,202.65	33.41	.199	54.67	6.64
OFFICE VISITS	20	25	828.04	33.12	.138	41.40	4.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	249.65	62.41	.022	83.22	1.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	124.96	17.85	.039	20.83	.69
INPATIENT VISITS	4	7	428.90	61.27	.039	107.23	2.37
HOSPITAL VISITS	3	5	248.40	49.68	.028	82.80	1.37
CRITICAL CARE	1	2	180.50	90.25	.011	180.50	1.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	221.03	44.21	.028	55.26	1.22
EXAMINATIONS	4	5	221.03	44.21	.028	55.26	1.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.006	82.65	.46
PRINCIPAL SURGEON	1	1	82.65	82.65	.006	82.65	.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	11	2,808.03	255.28	.061	936.01	15.51
PRINCIPAL SURGEON	3	3	2,401.71	800.57	.017	800.57	13.27
ASSISTANT SURGEON	1	1	232.32	232.32	.006	232.32	1.28
ANESTHESIOLOGIST	1	7	174.00	24.86	.039	174.00	.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	149.66	37.42	.022	49.89	.83
RADIOLOGY	5	8	392.40	49.05	.044	78.48	2.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.006	13.76	.08
OTHER SERVICES/ALL X-OVERS	31	73	1,030.12	14.11	.403	33.23	5.69
@PHARMACY	118	2,673	\$ 44,311.37	\$ 16.58	14.768	\$ 375.52	\$ 244.81
PRESCRIPTION DRUGS	117	488	42,215.86	86.51	2.696	360.82	233.24
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	117	488	42,215.86	86.51	2.696	360.82	233.24
MEDICAL SUPPLIES	15	2,185	2,095.51	.96	12.072	139.70	11.58
@DENTIST	5	26	\$ 2,671.00	\$ 102.73	.144	\$ 534.20	\$ 14.76
VISITS - DIAGNOSTIC	2	10	106.00	10.60	.055	53.00	.59
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	2	2	400.00	200.00	.011	200.00	2.21
ENDODONTICS	1	3	645.00	215.00	.017	645.00	3.56
RESTORATIVE DENTISTRY	3	11	1,520.00	138.18	.061	506.67	8.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 56 ALL BLIND

PAGE 1,742
01/17/03

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	1	3	\$ 53.11	\$ 17.70	.017	\$ 53.11	\$.29
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	1	3	53.11	17.70	.017	53.11	.29
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	5	8	\$ 45.02	\$ 5.63	.044	\$ 9.00	\$.25
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	5	8	45.02	5.63	.044	9.00	.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	40	370	\$ 16,026.03	\$ 43.31	2.044	\$ 400.65	\$ 88.54
HOSP INPATIENT TOTAL	2	6	6,420.00	1070.00	.033	3210.00	35.47
HSC HOSPITALS	2	6	6,420.00	1070.00	.033	3210.00	35.47
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	40	364	9,606.03	26.39	2.011	240.15	53.07
MEDICAL	12	53	2,649.36	49.99	.293	220.78	14.64
SURGERY	2	2	125.75	62.88	.011	62.88	.69
PATHOLOGY	22	147	1,562.10	10.63	.812	71.00	8.63
RADIOLOGY	12	38	1,901.80	50.05	.210	158.48	10.51
ROOM USE	24	53	2,223.61	41.95	.293	92.65	12.29
CROSSOVERS/ALL OTH OUTPTNT	26	71	1,143.41	16.10	.392	43.98	6.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,743
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER COST PER PER ELIG USER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	370	\$ 16,026.03	\$ 43.31	2.044 \$ 400.65 \$ 88.54
COMM HOSP INPATIENT TOTAL	2	6	6,420.00	1070.00	.033 3210.00 35.47
HSC HOSPITALS	2	6	6,420.00	1070.00	.033 3210.00 35.47
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000 .00 .00
ACCOMMODATIONS	0	0	.00	.00	.000 .00 .00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000 .00 .00
TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
ALL OTHER ACCOM	0	0	.00	.00	.000 .00 .00
ANCILLARIES	0	0	.00	.00	.000 .00 .00
INPATIENT CROSSOVERS	0	0	.00	.00	.000 .00 .00
ALL OTHER INPATIENT	0	0	.00	.00	.000 .00 .00
COMM HOSP OUTPATIENT TOTAL	40	364	9,606.03	26.39	2.011 240.15 53.07
MEDICAL	12	53	2,649.36	49.99	.293 220.78 14.64
SURGERY	2	2	125.75	62.88	.011 62.88 .69
PATHOLOGY	22	147	1,562.10	10.63	.812 71.00 8.63
RADIOLOGY	12	38	1,901.80	50.05	.210 158.48 10.51
ROOM USE	24	53	2,223.61	41.95	.293 92.65 12.29
CROSSOVERS/ALL OTH OUTPTNT	26	71	1,143.41	16.10	.392 43.98 6.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000 .00 .00
DEVELOP. DISABLED	0	0	.00	.00	.000 .00 .00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000 .00 .00
LEV B-REHAB MD	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000 .00 .00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000 .00 .00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000 .00 .00
LEV B-REGULAR	0	0	.00	.00	.000 .00 .00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000 .00 .00
ICF DD	0	0	.00	.00	.000 .00 .00
ICF DDN/DDCN	0	0	.00	.00	.000 .00 .00
@HEMODIALYSIS TOTAL	0	0	\$ 27.55	\$.00	.000 \$.00 \$.15
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00
HEMODIALYSIS CENTER	0	0	27.55	.00	.000 .00 .15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000 .00 .00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	7	32	\$	318.24	\$	9.95	.177	\$ 45.46	\$ 1.76
PATHOLOGY	7	32		318.24		9.95	.177	45.46	1.76
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	20	34	\$	2,553.89	\$	75.11	.188	\$ 127.69	\$ 14.11
CLINIC	1	1		10.00		10.00	.006	10.00	.06
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	19	33		2,543.89		77.09	.182	133.89	14.05

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,744
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 56 ALL BLIND

181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	22	2,049	\$ 4,151.25	\$ 2.03	11.320	\$ 188.69	\$ 22.94
DURABLE MED. EQUIP.	3	7	170.76	24.39	.039	56.92	.94
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	8	88	805.12	9.15	.486	100.64	4.45
AMBULANCES/AIR TRANS	5	40	720.70	18.02	.221	144.14	3.98
OTHER TRANS	1	33	78.45	2.38	.182	78.45	.43
OTHER SERVICES	2	15	5.97	.40	.083	2.99	.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	146.34	18.29	.044	48.78	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	1,928	2,549.60	1.32	10.652	637.40	14.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	18	479.43	26.64	.099	95.89	2.65
@CALIF. CHILDREN SERVICES*	1	2	\$ 61.00	\$ 30.50	.011	\$ 61.00	\$.34
@XOVER EXCLUDING STATE HOSP**	41	130	\$ 1,219.60	\$ 9.38	.718	\$ 29.75	\$ 6.74

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,745
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

	5,418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	4,513	117,851	\$ 3,354,146.21	\$ 28.46	21.752	\$ 743.22	\$ 619.07	
@PHYSICIANS SERVICES	1,152	4,307	\$ 155,932.45	\$ 36.20	.795	\$ 135.36	\$ 28.78	
OUTPATIENT VISITS	432	617	22,495.70	36.46	.114	52.07	4.15	
OFFICE VISITS	294	388	13,068.50	33.68	.072	44.45	2.41	
HOME VISITS	13	19	843.10	44.37	.004	64.85	.16	
EMERGENCY ROOM	47	70	4,357.10	62.24	.013	92.70	.80	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.000	126.31	.02	
OTHER OUTPATIENT	107	139	4,100.69	29.50	.026	38.32	.76	
INPATIENT VISITS	69	329	17,954.22	54.57	.061	260.21	3.31	
HOSPITAL VISITS	64	287	13,164.75	45.87	.053	205.70	2.43	
CRITICAL CARE	15	39	4,656.96	119.41	.007	310.46	.86	
SNF/ICF/TRANS IP CARE	3	3	132.51	44.17	.001	44.17	.02	
OPHTHALMOLOGICAL SERVICES	33	44	1,857.00	42.20	.008	56.27	.34	
EXAMINATIONS	33	44	1,857.00	42.20	.008	56.27	.34	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	41	354	34,695.51	98.01	.065	846.23	6.40	
PRINCIPAL SURGEON	32	61	28,760.64	471.49	.011	898.77	5.31	
ASSISTANT SURGEON	3	3	584.50	194.83	.001	194.83	.11	
ANESTHESIOLOGIST	14	290	5,350.37	18.45	.054	382.17	.99	
OUTPATIENT SURGERY	72	196	24,489.35	124.95	.036	340.13	4.52	
PRINCIPAL SURGEON	65	95	21,783.38	229.30	.018	335.13	4.02	
ASSISTANT SURGEON	1	1	244.60	244.60	.000	244.60	.05	
ANESTHESIOLOGIST	15	100	2,461.37	24.61	.018	164.09	.45	
DIALYSIS	12	102	3,029.46	29.70	.019	252.46	.56	
PATHOLOGY	46	121	2,324.50	19.21	.022	50.53	.43	
RADIOLOGY	183	363	16,859.30	46.44	.067	92.13	3.11	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	36	43	922.35	21.45	.008	25.62	.17	
OTHER SERVICES/ALL X-OVERS	620	2,138	31,305.06	14.64	.395	50.49	5.78	
@PHARMACY	3,805	31,677	\$ 1,502,460.02	\$ 47.43	5.847	\$ 394.86	\$ 277.31	
PRESCRIPTION DRUGS	3,748	16,410	1,457,522.62	88.82	3.029	388.88	269.01	
SNF/ICF	98	639	35,574.98	55.67	.118	363.01	6.57	
OUTPATIENTS	3,660	15,771	1,421,947.64	90.16	2.911	388.51	262.45	

MEDICAL SUPPLIES	370	15,267		44,937.40		2.94	2.818	121.45		8.29
@DENTIST	207	949	\$	46,894.00	\$	49.41	.175	\$ 226.54	\$	8.66
VISITS - DIAGNOSTIC	130	558		7,417.00		13.29	.103	57.05		1.37
ORAL SURGERY	29	148		8,248.00		55.73	.027	284.41		1.52
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	7	7		700.00		100.00	.001	100.00		.13
PERIODONTICS	28	30		5,474.00		182.47	.006	195.50		1.01
ENDODONTICS	5	6		1,395.00		232.50	.001	279.00		.26
RESTORATIVE DENTISTRY	47	130		11,280.00		86.77	.024	240.00		2.08
PROSTHETICS	7	7		170.00		24.29	.001	24.29		.03
DENTURES, STAYPLATES	28	59		12,010.00		203.56	.011	428.93		2.22
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	2	3		125.00		41.67	.001	62.50		.02
ALL OTHER SERVICES	1	1		75.00		75.00	.000	75.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002									
MOP024	FEE-FOR-SERVICE/DENTAL									
COLUSA COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED									

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						----- MONTHLY AVERAGE -----			
5,418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER		COST PER ELIGIBLE
@OPTOMETRIST	110	290	\$	5,803.50	\$ 20.01	.054	\$ 52.76	\$	1.07
DIAGNOSTIC AND ANC. PROCED	36	36		1,668.89	46.36	.007	46.36		.31
EYE APPLIANCES	96	244		4,016.03	16.46	.045	41.83		.74
OTHER OPTOMETRIC SERVICES	6	10		118.58	11.86	.002	19.76		.02
@CHIROPRACTOR	2	3	\$	50.16	\$ 16.72	.001	\$ 25.08	\$	.01
VISITS	2	3		50.16	16.72	.001	25.08		.01
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	56	76	\$	1,599.90	\$ 21.05	.014	\$ 28.57	\$	.30
MEDICINE/INJECTIONS	13	14		501.04	35.79	.003	38.54		.09
SURGERY/ANES.	3	3		39.00	13.00	.001	13.00		.01
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	42	59		1,059.86	17.96	.011	25.23		.20
@HOME HEALTH AGENCY	55	1,153	\$	50,803.03	\$ 44.06	.213	\$ 923.69	\$	9.38
NURSE ANESTHESIST	6	46	\$	378.15	\$ 8.22	.008	\$ 63.03	\$	.07
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$	.00
FAMILY NURSE PRACTITIONER	2	3	\$	85.20	\$ 28.40	.001	\$ 42.60	\$	.02
@TOTAL HOSPITAL	1,249	6,924	\$	880,490.94	\$ 127.17	1.278	\$ 704.96	\$	162.51
HOSP INPATIENT TOTAL	101	596		696,605.04	1168.80	.110	6897.08		128.57
HSC HOSPITALS	25	160		199,080.51	1244.25	.030	7963.22		36.74
NON-HSC HOSPITAL TOTAL	44	226		450,060.80	1991.42	.042	10228.65		83.07
ACCOMMODATIONS	43	226		157,153.30	695.37	.042	3654.73		29.01
ADMINISTRATIVE DAYS	2	10		2,280.49	228.05	.002	1140.25		.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	42	216		154,872.81	717.00	.040	3687.45		28.58
ANCILLARIES	44	0		292,907.50	.00	.000	6656.99		54.06
INPATIENT CROSSOVERS	37	210		47,463.73	226.02	.039	1282.80		8.76
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1,203	6,328		183,885.90	29.06	1.168	152.86		33.94
MEDICAL	196	361		19,332.69	53.55	.067	98.64		3.57
SURGERY	51	64		4,369.89	68.28	.012	85.68		.81
PATHOLOGY	408	1,960		22,986.56	11.73	.362	56.34		4.24
RADIOLOGY	208	467		26,652.46	57.07	.086	128.14		4.92
ROOM USE	355	531		22,929.96	43.18	.098	64.59		4.23

CROSSEOVERS/ALL OTH OUTPTNT	705	2,945		87,614.34	29.75	.544	124.28	16.17
@COUNTY HOSPITAL TOTAL	3	50	\$	63,577.13	\$ 1271.54	.009	\$ 21192.38	\$ 11.73
CO HOSPITAL INPATIENT TOTAL	2	47		63,544.00	1352.00	.009	31772.00	11.73
HSC HOSPITALS	2	47		63,544.00	1352.00	.009	31772.00	11.73
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	3		33.13	11.04	.001	33.13	.01
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		1.04	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		23.21	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	1	3		8.88	2.96	.001	8.88	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,747
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
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						----- MONTHLY AVERAGE -----		
5,418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,247	6,874	\$	816,913.81	\$ 118.84	1.269	\$ 655.10	\$ 150.78
COMM HOSP INPATIENT TOTAL	100	549		633,061.04	1153.12	.101	6330.61	116.84
HSC HOSPITALS	23	113		135,536.51	1199.44	.021	5892.89	25.02
NON-HSC HOSPITALS TOTAL	44	226		450,060.80	1991.42	.042	10228.65	83.07
ACCOMMODATIONS	43	226		157,153.30	695.37	.042	3654.73	29.01
ADMINISTRATIVE DAYS	2	10		2,280.49	228.05	.002	1140.25	.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	42	216		154,872.81	717.00	.040	3687.45	28.58
ANCILLARIES	44	0		292,907.50	.00	.000	6656.99	54.06
INPATIENT CROSSEOVERS	37	210		47,463.73	226.02	.039	1282.80	8.76
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1,202	6,325		183,852.77	29.07	1.167	152.96	33.93
MEDICAL	196	361		19,332.69	53.55	.067	98.64	3.57
SURGERY	51	64		4,369.89	68.28	.012	85.68	.81
PATHOLOGY	408	1,960		22,985.52	11.73	.362	56.34	4.24
RADIOLOGY	208	467		26,652.46	57.07	.086	128.14	4.92
ROOM USE	355	531		22,906.75	43.14	.098	64.53	4.23
CROSSEOVERS/ALL OTH OUTPTNT	704	2,942		87,605.46	29.78	.543	124.44	16.17
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	82	2,672	\$	259,257.67	\$ 97.03	.493	\$ 3161.68	\$ 47.85
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	11	335		14,177.55	42.32	.062	1288.87	2.62
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	71	2,337		245,080.12	104.87	.431	3451.83	45.23
@INTERMEDIATE CARE FACIL.-DD	22	668	\$	90,641.32	\$ 135.69	.123	\$ 4120.06	\$ 16.73
ICF DDH	12	364		54,297.88	149.17	.067	4524.82	10.02
ICF DD	10	304		36,343.44	119.55	.056	3634.34	6.71

ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	71	1,068	\$	55,363.67	\$	51.84	.197	\$ 779.77	\$ 10.22
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	71	1,068		55,363.67		51.84	.197	779.77	10.22
@REHABILITATION FACILITY	3	17	\$	346.98	\$	20.41	.003	\$ 115.66	\$.06
HOSPITAL BASED	3	17		346.98		20.41	.003	115.66	.06
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	166	477	\$	7,538.41	\$	15.80	.088	\$ 45.41	\$ 1.39
PATHOLOGY	161	470		7,495.12		15.95	.087	46.55	1.38
XO AND OTHERS	5	7		43.29		6.18	.001	8.66	.01
@ORGANIZED OUTPATIENT CLINIC	1,053	1,729	\$	131,940.54	\$	76.31	.319	\$ 125.30	\$ 24.35
CLINIC	26	48		6,910.98		143.98	.009	265.81	1.28
SURGICENTER	2	3		435.64		145.21	.001	217.82	.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	1,034	1,678		124,593.92		74.25	.310	120.50	23.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 1,748
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COLUSA COUNTY	SUMMARY OF SERVICES FOR 57 ALL DISABLED								

	5,418 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	868	65,792	\$	164,560.27	\$ 2.50	12.143	\$ 189.59	\$ 30.37
DURABLE MED. EQUIP.	95	279		40,554.27	145.36	.051	426.89	7.49
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	27		2,939.23	108.86	.005	195.95	.54
MEDICAL TRANSPORTATION	113	8,238		42,197.61	5.12	1.520	373.43	7.79
AMBULANCES/AIR TRANS	51	581		12,046.01	20.73	.107	236.20	2.22
OTHER TRANS	41	7,090		21,553.11	3.04	1.309	525.69	3.98
OTHER SERVICES	28	567		8,598.49	15.16	.105	307.09	1.59
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7		1,298.35	185.48	.001	649.18	.24
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	126	280		4,966.30	17.74	.052	39.42	.92
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	22	66		6,901.51	104.57	.012	313.71	1.27
PROSTHETICS	22	66		6,901.51	104.57	.012	313.71	1.27
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1		38.01	38.01	.000	38.01	.01
SPEECH AND AUDIOLOGY	18	72		3,042.20	42.25	.013	169.01	.56
HOSPICE SERVICES	2	39		6,070.52	155.65	.007	3035.26	1.12
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	6,991		18,475.04	2.64	1.290	369.50	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	482	49,792		38,077.23	.76	9.190	79.00	7.03
@CALIF. CHILDREN SERVICES*	54	602	\$	86,534.95	\$ 143.75	.111	\$ 1602.50	\$ 15.97
@XOVER EXCLUDING STATE HOSP**	1,240	11,530	\$	173,486.31	\$ 15.05	2.128	\$ 139.91	\$ 32.02

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,749
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

35,181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15,381	73,203	\$ 3,857,587.63	\$ 52.70	2.081	\$ 250.80	\$ 109.65
@PHYSICIANS SERVICES	3,418	8,001	\$ 420,031.19	\$ 52.50	.227	\$ 122.89	\$ 11.94
OUTPATIENT VISITS	2,235	2,940	105,068.21	35.74	.084	47.01	2.99
OFFICE VISITS	1,656	2,069	64,929.74	31.38	.059	39.21	1.85
HOME VISITS	2	2	68.60	34.30	.000	34.30	.00
EMERGENCY ROOM	170	182	9,270.85	50.94	.005	54.53	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	151	272	21,508.29	79.07	.008	142.44	.61
OTHER OUTPATIENT	328	415	9,290.73	22.39	.012	28.33	.26
INPATIENT VISITS	207	545	30,299.71	55.60	.015	146.38	.86
HOSPITAL VISITS	202	493	22,629.20	45.90	.014	112.03	.64
CRITICAL CARE	19	52	7,670.51	147.51	.001	403.71	.22
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	86	98	4,470.52	45.62	.003	51.98	.13
EXAMINATIONS	86	98	4,470.52	45.62	.003	51.98	.13
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	203	514	145,330.30	282.74	.015	715.91	4.13
PRINCIPAL SURGEON	159	177	133,731.44	755.54	.005	841.08	3.80
ASSISTANT SURGEON	25	24	3,925.96	163.58	.001	157.04	.11
ANESTHESIOLOGIST	33	313	7,672.90	24.51	.009	232.51	.22
OUTPATIENT SURGERY	361	896	66,223.56	73.91	.025	183.44	1.88
PRINCIPAL SURGEON	311	436	54,468.57	124.93	.012	175.14	1.55
ASSISTANT SURGEON	6	6	776.22	129.37	.000	129.37	.02
ANESTHESIOLOGIST	65	454	10,978.77	24.18	.013	168.90	.31
DIALYSIS	3	38	711.52	18.72	.001	237.17	.02
PATHOLOGY	418	602	6,382.29	10.60	.017	15.27	.18
RADIOLOGY	541	734	30,850.95	42.03	.021	57.03	.88
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	47	138		2,522.23	18.28	.004	53.66	.07
OTHER SERVICES/ALL X-OVERS	453	1,496		28,171.90	18.83	.043	62.19	.80
@PHARMACY	7,648	23,797	\$	821,312.89	\$ 34.51	.676	\$ 107.39	\$ 23.35
PRESCRIPTION DRUGS	7,537	16,632		797,321.78	47.94	.473	105.79	22.66
SNF/ICF	1	19		2,749.14	144.69	.001	2749.14	.08
OUTPATIENTS	7,537	16,613		794,572.64	47.83	.472	105.42	22.59
MEDICAL SUPPLIES	279	7,165		23,991.11	3.35	.204	85.99	.68
@DENTIST	977	4,689	\$	178,299.45	\$ 38.03	.133	\$ 182.50	\$ 5.07
VISITS - DIAGNOSTIC	635	2,759		40,491.45	14.68	.078	63.77	1.15
ORAL SURGERY	137	318		20,091.20	63.18	.009	146.65	.57
DRUGS	23	27		556.68	20.62	.001	24.20	.02
ANESTHESIA	22	22		2,200.00	100.00	.001	100.00	.06
PERIODONTICS	41	41		7,600.00	185.37	.001	185.37	.22
ENDODONTICS	67	193		20,240.50	104.87	.005	302.10	.58
RESTORATIVE DENTISTRY	346	1,137		70,047.75	61.61	.032	202.45	1.99
PROSTHETICS	2	2		30.00	15.00	.000	15.00	.00
DENTURES, STAYPLATES	11	34		3,328.50	97.90	.001	302.59	.09
SPACE MAINTAINERS	19	23		2,126.37	92.45	.001	111.91	.06
MAXILLOFACIAL SERVICES	7	10		292.00	29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000	1200.00	.03
ORTHODONTIC SERVICES	95	114		9,720.00	85.26	.003	102.32	.28
ALL OTHER SERVICES	8	8		375.00	46.88	.000	46.88	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
COLUSA COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES							
				----- MONTHLY AVERAGE -----				
35,181 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@OPTOMETRIST	383	933	\$	22,899.93	\$ 24.54	.027	\$ 59.79	\$.65
DIAGNOSTIC AND ANC. PROCED	269	271		12,611.25	46.54	.008	46.88	.36
EYE APPLIANCES	248	653		10,005.05	15.32	.019	40.34	.28
OTHER OPTOMETRIC SERVICES	9	9		283.63	31.51	.000	31.51	.01
@CHIROPRACTOR	11	16	\$	267.52	\$ 16.72	.000	\$ 24.32	\$.01
VISITS	11	16		267.52	16.72	.000	24.32	.01
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	17	21	\$	894.00	\$ 42.57	.001	\$ 52.59	\$.03
MEDICINE/INJECTIONS	16	19		590.20	31.06	.001	36.89	.02
SURGERY/ANES.	1	2		303.80	151.90	.000	303.80	.01
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	77	170	\$	10,000.57	\$ 58.83	.005	\$ 129.88	\$.28
NURSE ANESTHESIST	73	379	\$	7,079.29	\$ 18.68	.011	\$ 96.98	\$.20
NURSE MIDWIFE	9	16	\$	3,938.62	\$ 246.16	.000	\$ 437.62	\$.11
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,687	16,154	\$	1,462,096.49	\$ 90.51	.459	\$ 396.55	\$ 41.56
HOSP INPATIENT TOTAL	234	781		1,027,585.27	1315.73	.022	4391.39	29.21
HSC HOSPITALS	33	142		170,904.05	1203.55	.004	5178.91	4.86
NON-HSC HOSPITAL TOTAL	200	636		856,417.75	1346.57	.018	4282.09	24.34
ACCOMMODATIONS	200	636		192,254.69	302.29	.018	961.27	5.46
ADMINISTRATIVE DAYS	0	0		184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	200	636		192,439.37	302.58	.018	962.20	5.47
ANCILLARIES	200	0		664,163.06	.00	.000	3320.82	18.88
INPATIENT CROSSOVERS	1	3		263.47	87.82	.000	263.47	.01
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	3,580	15,373	434,511.22	28.26	.437	121.37	12.35
MEDICAL	1,273	1,766	88,577.21	50.16	.050	69.58	2.52
SURGERY	268	356	23,406.92	65.75	.010	87.34	.67
PATHOLOGY	1,933	5,712	68,093.27	11.92	.162	35.23	1.94
RADIOLOGY	1,194	2,338	96,379.04	41.22	.066	80.72	2.74
ROOM USE	2,102	2,773	109,596.31	39.52	.079	52.14	3.12
CROSSOVERS/ALL OTH OUTPTNT	1,254	2,428	48,458.47	19.96	.069	38.64	1.38
@COUNTY HOSPITAL TOTAL	6	41	\$ 1,341.67	\$ 32.72	.001	\$ 223.61	\$.04
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	6	41	1,341.67	32.72	.001	223.61	.04
MEDICAL	2	10	560.08	56.01	.000	280.04	.02
SURGERY	0	0	87.77	.00	.000	.00	.00
PATHOLOGY	3	13	96.29	7.41	.000	32.10	.00
RADIOLOGY	1	1	24.02	24.02	.000	24.02	.00
ROOM USE	5	10	367.82	36.78	.000	73.56	.01
CROSSOVERS/ALL OTH OUTPTNT	4	7	205.69	29.38	.000	51.42	.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,751
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 58 ALL FAMILIES

					----- MONTHLY AVERAGE -----			
35,181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,682	16,113	\$ 1,460,754.82	\$ 90.66	.458	\$ 396.73	\$ 41.52	
COMM HOSP INPATIENT TOTAL	234	781	1,027,585.27	1315.73	.022	4391.39	29.21	
HSC HOSPITALS	33	142	170,904.05	1203.55	.004	5178.91	4.86	
NON-HSC HOSPITALS TOTAL	200	636	856,417.75	1346.57	.018	4282.09	24.34	
ACCOMMODATIONS	200	636	192,254.69	302.29	.018	961.27	5.46	
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01CR	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	200	636	192,439.37	302.58	.018	962.20	5.47	
ANCILLARIES	200	0	664,163.06	.00	.000	3320.82	18.88	
INPATIENT CROSSOVERS	1	3	263.47	87.82	.000	263.47	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3,575	15,332	433,169.55	28.25	.436	121.17	12.31	
MEDICAL	1,271	1,756	88,017.13	50.12	.050	69.25	2.50	
SURGERY	268	356	23,319.15	65.50	.010	87.01	.66	
PATHOLOGY	1,931	5,699	67,996.98	11.93	.162	35.21	1.93	
RADIOLOGY	1,193	2,337	96,355.02	41.23	.066	80.77	2.74	
ROOM USE	2,097	2,763	109,228.49	39.53	.079	52.09	3.10	
CROSSOVERS/ALL OTH OUTPTNT	1,250	2,421	48,252.78	19.93	.069	38.60	1.37	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	5	232	\$ 7,800.41	\$ 33.62	.007	\$ 1560.08	\$.22
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	5	232	7,800.41	33.62	.007	1560.08	.22
@REHABILITATION FACILITY	6	9	\$ 613.50	\$ 68.17	.000	\$ 102.25	\$.02
HOSPITAL BASED	6	9	613.50	68.17	.000	102.25	.02
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	1,126	2,907	\$ 48,472.70	\$ 16.67	.083	\$ 43.05	\$ 1.38
PATHOLOGY	1,126	2,907	48,472.70	16.67	.083	43.05	1.38
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	6,109	9,468	\$ 746,516.47	\$ 78.85	.269	\$ 122.20	\$ 21.22
CLINIC	172	373	12,071.43	32.36	.011	70.18	.34
SURGICENTER	40	258	8,768.35	33.99	.007	219.21	.25
HEROIN DETOX CLINIC	1	7	76.65	10.95	.000	76.65	.00
RURAL HEALTH CLINIC	5,944	8,830	725,600.04	82.17	.251	122.07	20.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,752
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 58 ALL FAMILIES						

					----- MONTHLY AVERAGE -----			
35,181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1,148	6,411	\$ 127,364.60	\$ 19.87	.182	\$ 110.94	\$ 3.62	
DURABLE MED. EQUIP.	53	66	5,378.51	81.49	.002	101.48	.15	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	3	3	784.45	261.48	.000	261.48	.02	
MEDICAL TRANSPORTATION	99	2,103	45,923.64	21.84	.060	463.88	1.31	
AMBULANCES/AIR TRANS	97	2,090	26,099.92	12.49	.059	269.07	.74	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	13	13	19,823.72	1524.90	.000	1524.90	.56	
ACUPUNCTURE	1	1	27.03	27.03	.000	27.03	.00	
ADULT DAY HEALTH CARE CTR	1	10	665.40	66.54	.000	665.40	.02	
GENETIC DISEASE TESTING	113	113	9,068.00	80.25	.003	80.25	.26	
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	313	712	7,216.28	10.14	.020	23.06	.21	
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.69	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	27	65	14,631.76	225.10	.002	541.92	.42	
PROSTHETICS	27	65	14,631.76	225.10	.002	541.92	.42	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	2	6	284.91	47.49	.000	142.46	.01	
SPEECH AND AUDIOLOGY	21	50	7,220.93	144.42	.001	343.85	.21	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	520	3,253	35,570.85	10.93	.092	68.41	1.01	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	8	28	504.15	18.01	.001	63.02	.01	
@CALIF. CHILDREN SERVICES*	136	808	\$ 139,073.52	\$ 172.12	.023	\$ 1022.60	\$ 3.95	

@XOVER EXCLUDING STATE HOSP** 48 1,727 \$ 5,399.73 \$ 3.13 .049 \$ 112.49 \$.15

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
 THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.
 ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,753
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	371	1,863	\$ 105,158.60	\$ 56.45	2.068	\$ 283.45	\$ 116.71
@PHYSICIANS SERVICES	114	283	\$ 13,274.33	\$ 46.91	.314	\$ 116.44	\$ 14.73
OUTPATIENT VISITS	71	85	3,135.79	36.89	.094	44.17	3.48
OFFICE VISITS	58	69	2,227.02	32.28	.077	38.40	2.47
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	161.71	40.43	.004	40.43	.18
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	7	628.98	89.85	.008	104.83	.70
OTHER OUTPATIENT	5	5	118.08	23.62	.006	23.62	.13
INPATIENT VISITS	10	37	4,700.06	127.03	.041	470.01	5.22
HOSPITAL VISITS	9	20	1,074.36	53.72	.022	119.37	1.19
CRITICAL CARE	2	17	3,625.70	213.28	.019	1812.85	4.02
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	18	1,628.85	90.49	.020	407.21	1.81
PRINCIPAL SURGEON	2	2	1,199.59	599.80	.002	599.80	1.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	16	429.26	26.83	.018	214.63	.48
OUTPATIENT SURGERY	8	13	754.31	58.02	.014	94.29	.84
PRINCIPAL SURGEON	8	10	648.95	64.90	.011	81.12	.72
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	3	105.36	35.12	.003	105.36	.12
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	17	42	443.93	10.57	.047	26.11	.49
RADIOLOGY	29	74	2,170.12	29.33	.082	74.83	2.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	12	14	441.27	31.52	.016	36.77	.49
@PHARMACY	156	509	\$ 8,083.57	\$ 15.88	.565	\$ 51.82	\$ 8.97
PRESCRIPTION DRUGS	149	300	7,677.94	25.59	.333	51.53	8.52
SNF/ICF	6	28	1,857.04	66.32	.031	309.51	2.06
OUTPATIENTS	143	272	5,820.90	21.40	.302	40.71	6.46
MEDICAL SUPPLIES	7	209	405.63	1.94	.232	57.95	.45
@DENTIST	22	78	\$ 3,775.00	\$ 48.40	.087	\$ 171.59	\$ 4.19
VISITS - DIAGNOSTIC	15	50	785.00	15.70	.055	52.33	.87
ORAL SURGERY	2	5	445.00	89.00	.006	222.50	.49
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.11
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	1	1	71.00	71.00	.001	71.00	.08
RESTORATIVE DENTISTRY	3	12	984.00	82.00	.013	328.00	1.09
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.002	900.00	1.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	7	490.00	70.00	.008	122.50	.54
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,754
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	18 \$	456.10	\$ 25.34	.020	\$ 76.02	\$.51
DIAGNOSTIC AND ANC. PROCED	6	6	284.70	47.45	.007	47.45	.32
EYE APPLIANCES	4	12	171.40	14.28	.013	42.85	.19
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4 \$	62.92	\$ 15.73	.004	\$ 62.92	\$.07
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	81	388 \$	44,435.05	\$ 114.52	.431	\$ 548.58	\$ 49.32
HOSP INPATIENT TOTAL	6	28	33,645.47	1201.62	.031	5607.58	37.34
HSC HOSPITALS	4	25	31,862.02	1274.48	.028	7965.51	35.36
NON-HSC HOSPITAL TOTAL	2	3	1,783.45	594.48	.003	891.73	1.98
ACCOMMODATIONS	2	3	255.20	85.07	.003	127.60	.28

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	255.20	85.07	.003	127.60	.28
ANCILLARIES	2	0	1,528.25	.00	.000	764.13	1.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	76	360	10,789.58	29.97	.400	141.97	11.98
MEDICAL	34	43	2,364.33	54.98	.048	69.54	2.62
SURGERY	5	8	546.08	68.26	.009	109.22	.61
PATHOLOGY	50	149	1,818.97	12.21	.165	36.38	2.02
RADIOLOGY	22	45	2,346.06	52.13	.050	106.64	2.60
ROOM USE	50	62	2,872.53	46.33	.069	57.45	3.19
CROSSOVERS/ALL OTH OUTPTNT	33	53	841.61	15.88	.059	25.50	.93
@COUNTY HOSPITAL TOTAL	0	0	\$ 24.05	\$.00	.000	\$.00	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	24.05	.00	.000	.00	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	3.89	.00	.000	.00	.00
PATHOLOGY	0	0	2.96	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	17.20	.00	.000	.00	.02

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,755
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	81	388	\$ 44,411.00	\$ 114.46	.431	\$ 548.28	\$ 49.29
COMM HOSP INPATIENT TOTAL	6	28	33,645.47	1201.62	.031	5607.58	37.34
HSC HOSPITALS	4	25	31,862.02	1274.48	.028	7965.51	35.36
NON-HSC HOSPITALS TOTAL	2	3	1,783.45	594.48	.003	891.73	1.98
ACCOMMODATIONS	2	3	255.20	85.07	.003	127.60	.28
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3	255.20	85.07	.003	127.60	.28
ANCILLARIES	2	0	1,528.25	.00	.000	764.13	1.70
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	76	360	10,765.53	29.90	.400	141.65	11.95
MEDICAL	34	43	2,364.33	54.98	.048	69.54	2.62
SURGERY	5	8	542.19	67.77	.009	108.44	.60
PATHOLOGY	50	149	1,816.01	12.19	.165	36.32	2.02
RADIOLOGY	22	45	2,346.06	52.13	.050	106.64	2.60
ROOM USE	50	62	2,872.53	46.33	.069	57.45	3.19
CROSSOVERS/ALL OTH OUTPTNT	33	53	824.41	15.55	.059	24.98	.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	7	163	\$ 16,542.08	\$ 101.49	.181	\$ 2363.15	\$ 18.36
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	7	163	16,542.08	101.49	.181	2363.15	18.36
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	22	62	\$ 1,404.44	\$ 22.65	.069	\$ 63.84	\$ 1.56
PATHOLOGY	22	62	1,404.44	22.65	.069	63.84	1.56
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	110	170	\$ 13,873.62	\$ 81.61	.189	\$ 126.12	\$ 15.40
CLINIC	1	4	109.40	27.35	.004	109.40	.12
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	109	166	13,764.22	82.92	.184	126.28	15.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						
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COLUSA COUNTY	SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT						

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901 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	24	188	\$ 3,251.49	\$ 17.30	.209	\$ 135.48	\$ 3.61
DURABLE MED. EQUIP.	1	2	119.15	59.58	.002	119.15	.13
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	133	893.96	6.72	.148	148.99	.99
AMBULANCES/AIR TRANS	5	109	851.06	7.81	.121	170.21	.94
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	24	42.90	1.79	.027	42.90	.05
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	147.00	73.50	.002	73.50	.16
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	7	17	163.44	9.61	.019	23.35	.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	134.78	44.93	.003	67.39	.15
PROSTHETICS	2	3	134.78	44.93	.003	67.39	.15
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	31	1,793.16	57.84	.034	256.17	1.99
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	120	\$	31,634.81	\$ 263.62	.133	\$ 3514.98	\$ 35.11
@XOVER EXCLUDING STATE HOSP**	5	37	\$	1,535.99	\$ 41.51	.041	\$ 307.20	\$ 1.70

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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COLUSA COUNTY

SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS COST PER PER ELIG USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00
ANCILLARIES	0	0	.00	.00	.000	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00
MEDICAL	0	0	.00	.00	.000	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 60 RENAL DIALYSIS

PAGE 1,760
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODES			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 1,761
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$	.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

PAGE 1,762
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00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000		.00	.00
EYE APPLIANCES	0	0	.00	.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$	.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000		.00	.00
SURGERY/ANES.	0	0	.00	.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	0	0	.00	.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$	.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$	.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$	.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00	.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000		.00	.00
MEDICAL	0	0	.00	.00	.000		.00	.00
SURGERY	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
ROOM USE	0	0	.00	.00	.000		.00	.00

CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,763
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION

AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.000	\$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.000	\$	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,765
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS	AID CODES 51 52 56	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@TOTAL, ALL PROVIDERS	0	0 \$	.00	\$.00	.000	\$.00
@PHYSICIANS SERVICES	0	0 \$	.00	\$.00	.000	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00
OFFICE VISITS	0	0	.00	.00	.000	.00
HOME VISITS	0	0	.00	.00	.000	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00
CRITICAL CARE	0	0	.00	.00	.000	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00
EXAMINATIONS	0	0	.00	.00	.000	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00
DIALYSIS	0	0	.00	.00	.000	.00
PATHOLOGY	0	0	.00	.00	.000	.00
RADIOLOGY	0	0	.00	.00	.000	.00
PSYCHIATRY	0	0	.00	.00	.000	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
COLUSA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							
AID CODES 51 52 56								PAGE 1,766 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,767
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,768
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 62 IRCA ALIENS							AID CODES 51 52 56

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 .000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,769
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	357	1,980	\$ 163,486.88	\$ 82.57	2.235	\$ 457.95	\$ 184.52
@PHYSICIANS SERVICES	161	387	\$ 28,565.34	\$ 73.81	.437	\$ 177.42	\$ 32.24
OUTPATIENT VISITS	40	49	3,125.93	63.79	.055	78.15	3.53
OFFICE VISITS	19	21	888.43	42.31	.024	46.76	1.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	68.98	34.49	.002	34.49	.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	16	21	2,060.04	98.10	.024	128.75	2.33
OTHER OUTPATIENT	3	5	108.48	21.70	.006	36.16	.12
INPATIENT VISITS	22	58	2,387.25	41.16	.065	108.51	2.69
HOSPITAL VISITS	22	53	2,138.20	40.34	.060	97.19	2.41
CRITICAL CARE	2	3	211.85	70.62	.003	105.93	.24
SNF/ICF/TRANS IP CARE	1	2	37.20	18.60	.002	37.20	.04
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	72	18,910.88	262.65	.081	859.59	21.34
PRINCIPAL SURGEON	19	20	17,576.10	878.81	.023	925.06	19.84
ASSISTANT SURGEON	3	2	419.62	209.81	.002	139.87	.47
ANESTHESIOLOGIST	2	50	915.16	18.30	.056	457.58	1.03
OUTPATIENT SURGERY	18	41	953.29	23.25	.046	52.96	1.08
PRINCIPAL SURGEON	18	41	953.29	23.25	.046	52.96	1.08

ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	43	56		467.64	8.35	.063	10.88	.53
RADIOLOGY	63	90		1,893.95	21.04	.102	30.06	2.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	13	21		826.40	39.35	.024	63.57	.93
@PHARMACY	116	226	\$	4,058.68	\$ 17.96	.255	\$ 34.99	\$ 4.58
PRESCRIPTION DRUGS	115	222		3,926.33	17.69	.251	34.14	4.43
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	115	222		3,926.33	17.69	.251	34.14	4.43
MEDICAL SUPPLIES	2	4		132.35	33.09	.005	66.18	.15
@DENTIST	1	2	\$	55.00	\$ 27.50	.002	\$ 55.00	\$.06
VISITS - DIAGNOSTIC	1	2		55.00	27.50	.002	55.00	.06
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,770
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	9	16	\$ 839.92	\$ 52.50	.018	\$ 93.32	\$.95	
NURSE ANESTHESIST	5	30	\$ 658.34	\$ 21.94	.034	\$ 131.67	\$.74	
NURSE MIDWIFE	1	1	\$ 126.31	\$ 126.31	.001	\$ 126.31	\$.14	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	169	900	\$ 112,479.26	\$ 124.98	1.016	\$ 665.56	\$ 126.95	
HOSP INPATIENT TOTAL	20	80	90,558.95	1131.99	.090	4527.95	102.21	
HSC HOSPITALS	2	4	4,038.03	1009.51	.005	2019.02	4.56	
NON-HSC HOSPITAL TOTAL	18	76	86,520.92	1138.43	.086	4806.72	97.65	
ACCOMMODATIONS	18	76	22,592.11	297.26	.086	1255.12	25.50	

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	76	22,592.11	297.26	.086	1255.12	25.50
ANCILLARIES	18	0	63,928.81	.00	.000	3551.60	72.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	159	820	21,920.31	26.73	.926	137.86	24.74
MEDICAL	44	59	3,819.10	64.73	.067	86.80	4.31
SURGERY	3	3	343.94	114.65	.003	114.65	.39
PATHOLOGY	79	289	3,156.32	10.92	.326	39.95	3.56
RADIOLOGY	72	102	5,295.34	51.92	.115	73.55	5.98
ROOM USE	78	135	4,889.54	36.22	.152	62.69	5.52
CROSSOVERS/ALL OTH OUTPTNT	69	232	4,416.07	19.03	.262	64.00	4.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

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COLUSA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

					----- MONTHLY AVERAGE -----			
886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	169	900	\$ 112,479.26	\$ 124.98	1.016	\$ 665.56	\$ 126.95	
COMM HOSP INPATIENT TOTAL	20	80	90,558.95	1131.99	.090	4527.95	102.21	
HSC HOSPITALS	2	4	4,038.03	1009.51	.005	2019.02	4.56	
NON-HSC HOSPITALS TOTAL	18	76	86,520.92	1138.43	.086	4806.72	97.65	
ACCOMMODATIONS	18	76	22,592.11	297.26	.086	1255.12	25.50	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	18	76	22,592.11	297.26	.086	1255.12	25.50	
ANCILLARIES	18	0	63,928.81	.00	.000	3551.60	72.15	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	159	820	21,920.31	26.73	.926	137.86	24.74	
MEDICAL	44	59	3,819.10	64.73	.067	86.80	4.31	
SURGERY	3	3	343.94	114.65	.003	114.65	.39	
PATHOLOGY	79	289	3,156.32	10.92	.326	39.95	3.56	
RADIOLOGY	72	102	5,295.34	51.92	.115	73.55	5.98	
ROOM USE	78	135	4,889.54	36.22	.152	62.69	5.52	
CROSSOVERS/ALL OTH OUTPTNT	69	232	4,416.07	19.03	.262	64.00	4.98	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.000	\$	.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	82	184	\$	3,650.81	\$	19.84	\$	44.52
PATHOLOGY	82	184		3,650.81		19.84		44.52
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	43	76	\$	7,019.24	\$	92.36	\$	163.24
CLINIC	3	14		1,637.95		117.00		545.98
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	40	62		5,381.29		86.80		134.53
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
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COLUSA COUNTY	SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F							

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886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	158	\$ 6,033.98	\$ 38.19	.178	\$ 301.70	\$ 6.81
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	136	3,750.18	27.57	.153	750.04	4.23
AMBULANCES/AIR TRANS	5	135	1,950.18	14.45	.152	390.04	2.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,257.00	89.79	.016	89.79	1.42
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	8	1,026.80	128.35	.009	1026.80	1.16
PROSTHETICS	1	8	1,026.80	128.35	.009	1026.80	1.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	1	7	\$	65.60	\$	9.37	.008	\$	65.60	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.000	\$	.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

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COLUSA COUNTY

SUMMARY OF SERVICES FOR 64 REFUGEES

AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000		\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000		.00	.00
OFFICE VISITS	0	0	.00	.00	.000		.00	.00
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
DIALYSIS	0	0	.00	.00	.000		.00	.00
PATHOLOGY	0	0	.00	.00	.000		.00	.00
RADIOLOGY	0	0	.00	.00	.000		.00	.00
PSYCHIATRY	0	0	.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000		.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000		\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000		.00	.00
SNF/ICF	0	0	.00	.00	.000		.00	.00
OUTPATIENTS	0	0	.00	.00	.000		.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000		.00	.00
@DENTIST	0	0	\$.00	\$.00	.000		\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000		.00	.00
ORAL SURGERY	0	0	.00	.00	.000		.00	.00
DRUGS	0	0	.00	.00	.000		.00	.00
ANESTHESIA	0	0	.00	.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

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MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,775
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COLUSA COUNTY	SUMMARY OF SERVICES FOR 64 REFUGEES										AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,776
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 64 REFUGEES AID CODES 01 02 08

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----		
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00
BLOOD BANK	0	0	.00	.00	.000	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00
OTHER TRANS	0	0	.00	.00	.000	.00
OTHER SERVICES	0	0	.00	.00	.000	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00
OPTICIAN	0	0	.00	.00	.000	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

PAGE 1,777
01/17/03

				AID CODES 0M 0N				
				----- MONTHLY AVERAGE -----				
03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@TOTAL, ALL PROVIDERS	14	317	\$ 12,031.78	\$ 37.96	105.667	\$ 859.41	\$ 4010.59	
@PHYSICIANS SERVICES	9	254	\$ 7,056.07	\$ 27.78	84.667	\$ 784.01	\$ 2352.02	
OUTPATIENT VISITS	7	16	595.60	37.23	5.333	85.09	198.53	
OFFICE VISITS	7	16	595.60	37.23	5.333	85.09	198.53	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00	
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00	
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00	
CRITICAL CARE	0	0	.00	.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00	
EXAMINATIONS	0	0	.00	.00	.000	.00	.00	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00	
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
OUTPATIENT SURGERY	1	1	674.61	674.61	.333	674.61	224.87	
PRINCIPAL SURGEON	1	1	674.61	674.61	.333	674.61	224.87	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	2	15	19.28	1.29	5.000	9.64	6.43	
RADIOLOGY	3	6	329.16	54.86	2.000	109.72	109.72	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	5	200	5,155.57	25.78	66.667	1031.11	1718.52	
OTHER SERVICES/ALL X-OVERS	5	16	281.85	17.62	5.333	56.37	93.95	
@PHARMACY	13	35	\$ 3,221.32	\$ 92.04	11.667	\$ 247.79	\$ 1073.77	
PRESCRIPTION DRUGS	12	34	3,138.38	92.31	11.333	261.53	1046.13	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	12	34	3,138.38	92.31	11.333	261.53	1046.13	

MEDICAL SUPPLIES	1	1		82.94	82.94	.333	82.94	27.65
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,778	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
COLUSA COUNTY	SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL						AID CODES 0M 0N	

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00	
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00	
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00	
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00	
VISITS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00	
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00	
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00	
OTHER	0	0	.00	.00	.000	.00	.00	
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00	
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00	
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00	
@TOTAL HOSPITAL	5	10	\$ 1,011.61	\$ 101.16	3.333	\$ 202.32	\$ 337.20	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	5	10	1,011.61	101.16	3.333	202.32	337.20	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	4	6	268.87	44.81	2.000	67.22	89.62	
RADIOLOGY	1	4	742.74	185.69	1.333	742.74	247.58	
ROOM USE	0	0	.00	.00	.000	.00	.00	

CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSTOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSTOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,779
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL

AID CODES 0M 0N

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	10	\$ 1,011.61	\$ 101.16	3.333	\$ 202.32	\$ 337.20
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	10	1,011.61	101.16	3.333	202.32	337.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	268.87	44.81	2.000	67.22	89.62
RADIOLOGY	1	4	742.74	185.69	1.333	742.74	247.58
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	5	12	\$ 228.54	\$ 19.05	4.000	\$ 45.71	\$ 76.18
PATHOLOGY	5	12	228.54	19.05	4.000	45.71	76.18
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$ 514.24	\$ 85.71	2.000	\$ 102.85	\$ 171.41
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6	514.24	85.71	2.000	102.85	171.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,780
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,781
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY	AID CODES OR OT	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2	3	\$ 66.10	\$ 22.03	.000	\$ 33.05	\$.00
@PHYSICIANS SERVICES	2	3	\$ 66.10	\$ 22.03	.000	\$ 33.05	\$.00
OUTPATIENT VISITS	2	3	66.10	22.03	.000	33.05	.00
OFFICE VISITS	2	3	66.10	22.03	.000	33.05	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY

PAGE 1,782
01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,783
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.000	\$	.00 \$
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.000	\$	.00 \$
PATHOLOGY	0	0		.00	.00	.000	.00	.00
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.000	\$	.00 \$
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,784
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					----- MONTHLY AVERAGE -----			
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,785
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL		

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@TOTAL, ALL PROVIDERS	16	320	\$ 12,097.88	\$ 37.81	106.667	\$	756.12	\$ 4032.63
@PHYSICIANS SERVICES	11	257	\$ 7,122.17	\$ 27.71	85.667	\$	647.47	\$ 2374.06
OUTPATIENT VISITS	9	19	661.70	34.83	6.333		73.52	220.57
OFFICE VISITS	9	19	661.70	34.83	6.333		73.52	220.57
HOME VISITS	0	0	.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000		.00	.00
INPATIENT VISITS	0	0	.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000		.00	.00
CRITICAL CARE	0	0	.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000		.00	.00
EXAMINATIONS	0	0	.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		.00	.00
OUTPATIENT SURGERY	1	1	674.61	674.61	.333		674.61	224.87
PRINCIPAL SURGEON	1	1	674.61	674.61	.333		674.61	224.87

ASSISTANT SURGEON	0	0		.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00	.00
DIALYSIS	0	0		.00		.00	.000	.00	.00
PATHOLOGY	2	15		19.28		1.29	5.000	9.64	6.43
RADIOLOGY	3	6		329.16		54.86	2.000	109.72	109.72
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	200		5,155.57		25.78	66.667	1031.11	1718.52
OTHER SERVICES/ALL X-OVERS	5	16		281.85		17.62	5.333	56.37	93.95
@PHARMACY	13	35	\$	3,221.32	\$	92.04	11.667	\$ 247.79	\$ 1073.77
PRESCRIPTION DRUGS	12	34		3,138.38		92.31	11.333	261.53	1046.13
SNF/ICF	0	0		.00		.00	.000	.00	.00
OUTPATIENTS	12	34		3,138.38		92.31	11.333	261.53	1046.13
MEDICAL SUPPLIES	1	1		82.94		82.94	.333	82.94	27.65
@DENTIST	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,786
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	10	\$ 1,011.61	\$ 101.16	3.333	\$ 202.32	\$ 337.20
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	10	1,011.61	101.16	3.333	202.32	337.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	268.87	44.81	2.000	67.22	89.62
RADIOLOGY	1	4	742.74	185.69	1.333	742.74	247.58
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,787
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER ELIGIBLE
					UNITS/DAYS PER ELIG	COST PER USER	
@COMMUNITY HOSPITAL TOTAL	5	10	\$ 1,011.61	\$ 101.16	3.333	\$ 202.32	\$ 337.20
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	10	1,011.61	101.16	3.333	202.32	337.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	268.87	44.81	2.000	67.22	89.62
RADIOLOGY	1	4	742.74	185.69	1.333	742.74	247.58
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	5	12	\$	228.54	\$	19.05	4.000	\$ 45.71	\$ 76.18
PATHOLOGY	5	12		228.54		19.05	4.000	45.71	76.18
XO AND OTHERS	0	0		.00		.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	514.24	\$	85.71	2.000	\$ 102.85	\$ 171.41
CLINIC	0	0		.00		.00	.000	.00	.00
SURGICENTER	0	0		.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	5	6		514.24		85.71	2.000	102.85	171.41

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,788
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

03 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,789

MOP024

FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 68 QMB - ONLY

AID CODE

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	23	406	\$ 142,303.14	\$ 350.50	9.022	\$ 6187.09	\$ 3162.29
@PHYSICIANS SERVICES	5	19	\$ 507.51	\$ 26.71	.422	\$ 101.50	\$ 11.28
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	5	19		507.51	26.71	.422	101.50	11.28
@PHARMACY	0	1	\$	7.01CR	\$ 7.01CR	.022	\$.00	\$.16CR
PRESCRIPTION DRUGS	0	1		7.01CR	7.01CR	.022	.00	.16CR
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	1		7.01CR	7.01CR	.022	.00	.16CR
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	1	3	\$	.00	\$.00	.067	\$.00	\$.00
VISITS - DIAGNOSTIC	1	2		.00	.00	.044	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	1		.00	.00	.022	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,790
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 68 QMB - ONLY AID CODE

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0 \$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$	.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	7	21	\$	225.88	\$	10.76	.467	\$	32.27	\$	5.02
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	21		225.88		10.76	.467		32.27		5.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	7	21		225.88		10.76	.467		32.27		5.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,791
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 68 QMB - ONLY										AID CODE

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	21	\$ 225.88	\$ 10.76	.467	\$ 32.27	\$ 5.02
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	7	21	225.88	10.76	.467	32.27	5.02
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSEOVERS/ALL OTH OUTPTNT	7	21	225.88	10.76	.467	32.27	5.02
@STATE HOSPITAL	12	362	\$ 141,576.76	\$ 391.10	8.044	\$ 11798.06	\$ 3146.15
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	12	362	141,576.76	391.10	8.044	11798.06	3146.15
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 68 QMB - ONLY

PAGE 1,792
01/17/03

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AID CODE			
				----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	.00	.00	.000	.00	.00
@XOVER EXCLUDING STATE HOSP**	10	40	\$	733.39	\$	18.33	.889 \$ 73.34 \$ 16.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,793
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM	AID CODES 72 74 8N

1,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	420	1,555	\$ 49,296.11	\$ 31.70	1.266	\$ 117.37	\$ 40.14
@PHYSICIANS SERVICES	112	202	\$ 4,903.93	\$ 24.28	.164	\$ 43.79	\$ 3.99
OUTPATIENT VISITS	99	149	3,917.00	26.29	.121	39.57	3.19
OFFICE VISITS	78	116	3,062.07	26.40	.094	39.26	2.49
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7	315.02	45.00	.006	45.00	.26
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	17	26	539.91	20.77	.021	31.76	.44
INPATIENT VISITS	1	1	79.86	79.86	.001	79.86	.07
HOSPITAL VISITS	1	1	79.86	79.86	.001	79.86	.07
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	37.15	37.15	.001	37.15	.03
EXAMINATIONS	1	1	37.15	37.15	.001	37.15	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	22	608.40	27.65	.018	152.10	.50
PRINCIPAL SURGEON	1	1	124.20	124.20	.001	124.20	.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21	484.20	23.06	.017	161.40	.39
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	16	17	54.92	3.23	.014	3.43	.04
RADIOLOGY	4	5	41.96	8.39	.004	10.49	.03
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	7	164.64	23.52	.006	23.52	.13
@PHARMACY	187	383	\$ 6,426.31	\$ 16.78	.312	\$ 34.37	\$ 5.23
PRESCRIPTION DRUGS	186	376	6,373.41	16.95	.306	34.27	5.19
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	186	376	6,373.41	16.95	.306	34.27	5.19

MEDICAL SUPPLIES	5	7		52.90	7.56	.006	10.58	.04
@DENTIST	27	185	\$	7,291.00	\$ 39.41	.151	\$ 270.04	\$ 5.94
VISITS - DIAGNOSTIC	24	93		1,500.00	16.13	.076	62.50	1.22
ORAL SURGERY	2	5		121.00	24.20	.004	60.50	.10
DRUGS	1	1		25.00	25.00	.001	25.00	.02
ANESTHESIA	1	1		.00	.00	.001	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	4	30		2,130.00	71.00	.024	532.50	1.73
RESTORATIVE DENTISTRY	12	54		3,404.00	63.04	.044	283.67	2.77
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	1		111.00	111.00	.001	111.00	.09
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,794	
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03	
COLUSA COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM						AID CODES 72 74 8N	

						----- MONTHLY AVERAGE -----		
1,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	4	4	\$	189.80	\$ 47.45	.003	\$ 47.45	\$.15
DIAGNOSTIC AND ANC. PROCED	4	4		189.80	47.45	.003	47.45	.15
EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	4	\$	254.71	\$ 63.68	.003	\$ 254.71	\$.21
NURSE ANESTHESIST	1	2	\$	80.67	\$ 40.34	.002	\$ 80.67	\$.07
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	93	344	\$	13,086.65	\$ 38.04	.280	\$ 140.72	\$ 10.66
HOSP INPATIENT TOTAL	2	2		4,015.52	2007.76	.002	2007.76	3.27
HSC HOSPITALS	1	1		1,158.00	1158.00	.001	1158.00	.94
NON-HSC HOSPITAL TOTAL	1	1		2,857.52	2857.52	.001	2857.52	2.33
ACCOMMODATIONS	1	1		191.40	191.40	.001	191.40	.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		191.40	191.40	.001	191.40	.16
ANCILLARIES	1	0		2,666.12	.00	.000	2666.12	2.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	91	342		9,071.13	26.52	.279	99.68	7.39
MEDICAL	49	57		2,358.17	41.37	.046	48.13	1.92
SURGERY	4	7		592.41	84.63	.006	148.10	.48
PATHOLOGY	54	103		1,045.60	10.15	.084	19.36	.85
RADIOLOGY	16	35		916.86	26.20	.029	57.30	.75
ROOM USE	72	90		3,437.19	38.19	.073	47.74	2.80
CROSSOVERS/ALL OTH OUTPTNT	39	50		720.90	14.42	.041	18.48	.59
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,795
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

	1,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	93	344	\$	13,086.65	\$ 38.04	.280	\$ 140.72	\$ 10.66
COMM HOSP INPATIENT TOTAL	2	2		4,015.52	2007.76	.002	2007.76	3.27
HSC HOSPITALS	1	1		1,158.00	1158.00	.001	1158.00	.94
NON-HSC HOSPITALS TOTAL	1	1		2,857.52	2857.52	.001	2857.52	2.33
ACCOMMODATIONS	1	1		191.40	191.40	.001	191.40	.16
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00

ALL OTHER ACCOM	1	1		191.40	191.40	.001	191.40	.16
ANCILLARIES	1	0		2,666.12	.00	.000	2666.12	2.17
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	91	342		9,071.13	26.52	.279	99.68	7.39
MEDICAL	49	57		2,358.17	41.37	.046	48.13	1.92
SURGERY	4	7		592.41	84.63	.006	148.10	.48
PATHOLOGY	54	103		1,045.60	10.15	.084	19.36	.85
RADIOLOGY	16	35		916.86	26.20	.029	57.30	.75
ROOM USE	72	90		3,437.19	38.19	.073	47.74	2.80
CROSSOVERS/ALL OTH OUTPTNT	39	50		720.90	14.42	.041	18.48	.59
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	18	36	\$	318.91	\$ 8.86	.029	\$ 17.72	\$.26
PATHOLOGY	18	36		318.91	8.86	.029	17.72	.26
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	125	187	\$	14,317.19	\$ 76.56	.152	\$ 114.54	\$ 11.66
CLINIC	1	1		77.73	77.73	.001	77.73	.06
SURGICENTER	3	24		823.02	34.29	.020	274.34	.67
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	122	162		13,416.44	82.82	.132	109.97	10.93
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,796
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 69 133% PROGRAM							
	AID CODES 72 74 8N							

		----- MONTHLY AVERAGE -----						
1,228 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	19	208	\$ 2,426.94	\$ 11.67	.169	\$ 127.73	\$ 1.98	
DURABLE MED. EQUIP.	3	3	298.97	99.66	.002	99.66	.24	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	4	94	798.63	8.50	.077	199.66	.65	
AMBULANCES/AIR TRANS	4	94	798.63	8.50	.077	199.66	.65	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2		68.93	34.47	.002	68.93	.06
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	109		1,260.41	11.56	.089	114.58	1.03
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	5	\$	331.71	\$ 66.34	.004	\$ 165.86	\$.27
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,797
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM	AID CODES 7A 7C 8R	

1,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	239	867	\$ 65,929.06	\$ 76.04	.867	\$ 275.85	\$ 65.93
@PHYSICIANS SERVICES	58	96	\$ 4,665.47	\$ 48.60	.096	\$ 80.44	\$ 4.67
OUTPATIENT VISITS	37	42	1,219.93	29.05	.042	32.97	1.22
OFFICE VISITS	20	24	704.87	29.37	.024	35.24	.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	48.76	24.38	.002	24.38	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.13
OTHER OUTPATIENT	15	15	339.99	22.67	.015	22.67	.34
INPATIENT VISITS	3	9	735.56	81.73	.009	245.19	.74
HOSPITAL VISITS	3	5	197.36	39.47	.005	65.79	.20
CRITICAL CARE	1	4	538.20	134.55	.004	538.20	.54
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	8	1,876.61	234.58	.008	469.15	1.88
PRINCIPAL SURGEON	3	3	1,683.49	561.16	.003	561.16	1.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	193.12	38.62	.005	193.12	.19
OUTPATIENT SURGERY	9	9	375.08	41.68	.009	41.68	.38
PRINCIPAL SURGEON	9	9	375.08	41.68	.009	41.68	.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	6	29.76	4.96	.006	4.96	.03
RADIOLOGY	10	10	99.16	9.92	.010	9.92	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	12		329.37	27.45	.012	41.17	.33
@PHARMACY	70	124	\$	8,591.47	\$ 69.29	.124	\$ 122.74	\$ 8.59
PRESCRIPTION DRUGS	70	124		8,591.47	69.29	.124	122.74	8.59
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	70	124		8,591.47	69.29	.124	122.74	8.59
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	22	86	\$	2,810.00	\$ 32.67	.086	\$ 127.73	\$ 2.81
VISITS - DIAGNOSTIC	16	55		1,061.00	19.29	.055	66.31	1.06
ORAL SURGERY	3	7		568.00	81.14	.007	189.33	.57
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	1	1		100.00	100.00	.001	100.00	.10
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	21		991.00	47.19	.021	141.57	.99
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2		90.00	45.00	.002	90.00	.09
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							
MOP024	FEE-FOR-SERVICE/DENTAL							
COLUSA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM							
				AID CODES 7A 7C 8R				PAGE 1,798
								01/17/03

1,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	6	16	\$ 361.20	\$ 22.58	.016	\$ 60.20	\$.36
DIAGNOSTIC AND ANC. PROCED	4	4	189.80	47.45	.004	47.45	.19
EYE APPLIANCES	5	12	171.40	14.28	.012	34.28	.17
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	.00	.00	.000	.00	.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	4	\$ 119.42	\$ 29.86	.004	\$ 59.71	\$.12
MEDICINE/INJECTIONS	1	2	72.40	36.20	.002	72.40	.07
SURGERY/ANES.	1	2	47.02	23.51	.002	47.02	.05
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	13	\$ 928.45	\$ 71.42	.013	\$ 928.45	\$.93
NURSE ANESTHESIST	1	3	61.82	20.61	.003	61.82	.06
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	44	206	\$ 36,996.77	\$ 179.60	.206	\$ 840.84	\$ 37.00
HOSP INPATIENT TOTAL	5	23	31,362.05	1363.57	.023	6272.41	31.36
HSC HOSPITALS	1	6	8,100.00	1350.00	.006	8100.00	8.10
NON-HSC HOSPITAL TOTAL	4	17	23,262.05	1368.36	.017	5815.51	23.26
ACCOMMODATIONS	4	17	4,752.10	279.54	.017	1188.03	4.75
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17	4,752.10	279.54	.017	1188.03	4.75
ANCILLARIES	4	0	18,509.95	.00	.000	4627.49	18.51
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

HOSP OUTPATIENT TOTAL	41	183	5,634.72	30.79	.183	137.43	5.63
MEDICAL	10	13	655.70	50.44	.013	65.57	.66
SURGERY	6	10	418.72	41.87	.010	69.79	.42
PATHOLOGY	14	43	619.70	14.41	.043	44.26	.62
RADIOLOGY	14	21	778.51	37.07	.021	55.61	.78
ROOM USE	29	44	1,885.40	42.85	.044	65.01	1.89
CROSSEOVERS/ALL OTH OUTPTNT	18	52	1,276.69	24.55	.052	70.93	1.28
@COUNTY HOSPITAL TOTAL	0	0	\$ 116.25	\$.00	.000	\$.00	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSEOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	116.25	.00	.000	.00	.12
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	24.74	.00	.000	.00	.02
PATHOLOGY	0	0	14.24	.00	.000	.00	.01
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	77.27	.00	.000	.00	.08
CROSSEOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002						PAGE 1,799
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 70 100% PROGRAM						AID CODES 7A 7C 8R
1,000 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	206	\$ 36,880.52	\$ 179.03	.206	\$ 838.19	\$ 36.88

----- MONTHLY AVERAGE -----

COMM HOSP INPATIENT TOTAL	5	23		31,362.05	1363.57	.023	6272.41	31.36
HSC HOSPITALS	1	6		8,100.00	1350.00	.006	8100.00	8.10
NON-HSC HOSPITALS TOTAL	4	17		23,262.05	1368.36	.017	5815.51	23.26
ACCOMMODATIONS	4	17		4,752.10	279.54	.017	1188.03	4.75
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	17		4,752.10	279.54	.017	1188.03	4.75
ANCILLARIES	4	0		18,509.95	.00	.000	4627.49	18.51
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	41	183		5,518.47	30.16	.183	134.60	5.52
MEDICAL	10	13		655.70	50.44	.013	65.57	.66
SURGERY	6	10		393.98	39.40	.010	65.66	.39
PATHOLOGY	14	43		605.46	14.08	.043	43.25	.61
RADIOLOGY	14	21		778.51	37.07	.021	55.61	.78
ROOM USE	29	44		1,808.13	41.09	.044	62.35	1.81
CROSSOVERS/ALL OTH OUTPTNT	18	52		1,276.69	24.55	.052	70.93	1.28
@STATE HOSPITAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00	.00
@LABORATORY FACILITY	10	23	\$	554.68	\$ 24.12	.023	\$ 55.47	\$.55
PATHOLOGY	10	23		554.68	24.12	.023	55.47	.55
XO AND OTHERS	0	0		.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	49	70	\$	5,747.62	\$ 82.11	.070	\$ 117.30	\$ 5.75
CLINIC	0	0		.00	.00	.000	.00	.00
SURGICENTER	0	0		.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	49	70		5,747.62	82.11	.070	117.30	5.75

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 70 100% PROGRAM

AID CODES 7A 7C 8R

PAGE 1,800 01/17/03

1,000 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	44	226	\$ 5,092.16	\$ 22.53	.226	\$ 115.73	\$ 5.09
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	48	2,838.70	59.14	.048	2838.70	2.84

AMBULANCES/AIR TRANS	1	47	1,038.70	22.10	.047	1038.70	1.04
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	1.80
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3	265.00	88.33	.003	88.33	.27
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	116.58	8.97	.013	19.43	.12
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4	157.00	39.25	.004	78.50	.16
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	32	158	1,714.88	10.85	.158	53.59	1.71
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	16	\$ 3,222.24	\$ 201.39	.016	\$ 402.78	\$ 3.22
@XOVER EXCLUDING STATE HOSP**	0	0	.00	.00	.000	.00	.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,801
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F	

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	202	383	\$ 13,914.02	\$ 36.33	.000	\$ 68.88	\$.00
@PHYSICIANS SERVICES	131	213	\$ 8,711.80	\$ 40.90	.000	\$ 66.50	\$.00
OUTPATIENT VISITS	115	141	8,107.57	57.50	.000	70.50	.00
OFFICE VISITS	76	76	1,501.90	19.76	.000	19.76	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	55	65	6,605.67	101.63	.000	120.10	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	168.65	168.65	.000	168.65	.00
PRINCIPAL SURGEON	1	1	168.65	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	4	91.20	22.80	.000	30.40	.00
PRINCIPAL SURGEON	3	4	91.20	22.80	.000	30.40	.00

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	65	67	344.38	5.14	.000	5.30	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,802
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	.00	.00	.000	.00	.00
NURSE MIDWIFE	0	0	.00	.00	.000	.00	.00
PEDIATRIC NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
FAMILY NURSE PRACTITIONER	0	0	.00	.00	.000	.00	.00
@TOTAL HOSPITAL	2	2	\$ 158.63	\$ 79.32	.000	\$ 79.32	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	158.63	79.32	.000	79.32	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	126.70	126.70	.000	126.70	.00
ROOM USE	1	1	31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,803
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		COST PER USER	COST PER ELIGIBLE
					UNITS/DAYS PER ELIG			
@COMMUNITY HOSPITAL TOTAL	2	2	\$ 158.63	\$ 79.32	.000	\$ 79.32	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	2	2	158.63	79.32	.000	79.32	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	1	1	126.70	126.70	.000	126.70	.00	
ROOM USE	1	1	31.93	31.93	.000	31.93	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	

MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	0	0		.00		.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	.00	\$	.00	.000	\$	.00 \$
ICF DDH	0	0		.00		.00	.000	.00	.00
ICF DD	0	0		.00		.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00 \$
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	83	151	\$	3,536.72	\$	23.42	.000	\$	42.61 \$
PATHOLOGY	83	151		3,536.72		23.42	.000		42.61
XO AND OTHERS	0	0		.00		.00	.000		.00
@ORGANIZED OUTPATIENT CLINIC	9	11	\$	876.87	\$	79.72	.000	\$	97.43 \$
CLINIC	0	0		.00		.00	.000		.00
SURGICENTER	0	0		.00		.00	.000		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00
RURAL HEALTH CLINIC	9	11		876.87		79.72	.000		97.43

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,804
 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
 COLUSA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
						----- MONTHLY AVERAGE -----		

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	6	\$	630.00	\$ 105.00	.000	\$ 105.00 \$.00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00 .00
BLOOD BANK	0		.00	.00	.000	.00 .00
HEARING AID DISPENSERS	0		.00	.00	.000	.00 .00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00 .00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00 .00
OTHER TRANS	0		.00	.00	.000	.00 .00
OTHER SERVICES	0		.00	.00	.000	.00 .00
ACUPUNCTURE	0		.00	.00	.000	.00 .00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00 .00
GENETIC DISEASE TESTING	6		630.00	105.00	.000	105.00 .00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00 .00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00 .00
OPTICIAN	0		.00	.00	.000	.00 .00
PHYSICAL THERAPIST	0		.00	.00	.000	.00 .00
PORTABLE X-RAY	0		.00	.00	.000	.00 .00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00 .00
PROSTHETICS	0		.00	.00	.000	.00 .00
ORTHOTICS	0		.00	.00	.000	.00 .00
PSYCHOLOGIST	0		.00	.00	.000	.00 .00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00 .00
HOSPICE SERVICES	0		.00	.00	.000	.00 .00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00 .00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00 .00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00 .00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00 .00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00 .00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00 .00
@CALIF. CHILDREN SERVICES*	0	\$	.00	\$.00	.000	\$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$.00	.000	\$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,805
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,806
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,807
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM										AID CODE

						----- MONTHLY AVERAGE -----		
10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

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10 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

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01/17/03

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE -----		
					UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	37	119	\$ 12,828.30	\$ 107.80	2.644	\$ 346.71	\$ 285.07
@PHYSICIANS SERVICES	15	22	\$ 3,203.71	\$ 145.62	.489	\$ 213.58	\$ 71.19
OUTPATIENT VISITS	5	5	640.40	128.08	.111	128.08	14.23
OFFICE VISITS	1	1	75.17	75.17	.022	75.17	1.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	4	4	561.87	140.47	.089	140.47	12.49
OTHER OUTPATIENT	0	0	3.36	.00	.000	.00	.07
INPATIENT VISITS	1	2	83.17	41.59	.044	83.17	1.85

HOSPITAL VISITS	1	2		83.17	41.59	.044	83.17	1.85
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	2	2		2,240.80	1120.40	.044	1120.40	49.80
PRINCIPAL SURGEON	2	2		2,240.80	1120.40	.044	1120.40	49.80
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		22.80	22.80	.022	22.80	.51
PRINCIPAL SURGEON	1	1		22.80	22.80	.022	22.80	.51
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	3		18.04	6.01	.067	9.02	.40
RADIOLOGY	7	8		179.26	22.41	.178	25.61	3.98
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1		19.24	19.24	.022	19.24	.43
@PHARMACY	8	11	\$	151.21	\$ 13.75	.244	\$ 18.90	\$ 3.36
PRESCRIPTION DRUGS	7	10		151.21	15.12	.222	21.60	3.36
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	7	10		151.21	15.12	.222	21.60	3.36
MEDICAL SUPPLIES	1	1		.00	.00	.022	.00	.00
@DENTIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,810
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00

RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	2	4	\$	209.98	\$ 52.50	.089	\$ 104.99	\$ 4.67
NURSE ANESTHESIST	0	0	\$	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	11	34	\$	7,600.97	\$ 223.56	.756	\$ 691.00	\$ 168.91
HOSP INPATIENT TOTAL	2	5		6,660.20	1332.04	.111	3330.10	148.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	5		6,660.20	1332.04	.111	3330.10	148.00
ACCOMMODATIONS	2	5		1,458.18	291.64	.111	729.09	32.40
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	5		1,458.18	291.64	.111	729.09	32.40
ANCILLARIES	2	0		5,202.02	.00	.000	2601.01	115.60
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	10	29		940.77	32.44	.644	94.08	20.91
MEDICAL	1	1		110.35	110.35	.022	110.35	2.45
SURGERY	0	0		9.43	.00	.000	.00	.21
PATHOLOGY	6	19		187.21	9.85	.422	31.20	4.16
RADIOLOGY	4	5		394.00	78.80	.111	98.50	8.76
ROOM USE	2	2		193.99	97.00	.044	97.00	4.31
CROSSOVERS/ALL OTH OUTPTNT	2	2		45.79	22.90	.044	22.90	1.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,811

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	34	\$ 7,600.97	\$ 223.56	.756	\$ 691.00	\$ 168.91
COMM HOSP INPATIENT TOTAL	2	5	6,660.20	1332.04	.111	3330.10	148.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	2	5	6,660.20	1332.04	.111	3330.10	148.00
ACCOMMODATIONS	2	5	1,458.18	291.64	.111	729.09	32.40
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	2	5	1,458.18	291.64	.111	729.09	32.40
ANCILLARIES	2	0	5,202.02	.00	.000	2601.01	115.60
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	10	29	940.77	32.44	.644	94.08	20.91
MEDICAL	1	1	110.35	110.35	.022	110.35	2.45
SURGERY	0	0	9.43	.00	.000	.00	.21
PATHOLOGY	6	19	187.21	9.85	.422	31.20	4.16
RADIOLOGY	4	5	394.00	78.80	.111	98.50	8.76
ROOM USE	2	2	193.99	97.00	.044	97.00	4.31
CROSSOVERS/ALL OTH OUTPTNT	2	2	45.79	22.90	.044	22.90	1.02
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	9	31	\$ 556.26	\$ 17.94	.689	\$ 61.81	\$ 12.36
PATHOLOGY	9	31	556.26	17.94	.689	61.81	12.36
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	9	16	\$ 1,001.17	\$ 62.57	.356	\$ 111.24	\$ 22.25
CLINIC	2	9	391.12	43.46	.200	195.56	8.69
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	7	7	610.05	87.15	.156	87.15	13.56

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,812
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

45 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----				
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE	
@ALL OTHER PROVIDERS	1	1	\$ 105.00	\$ 105.00	.022	\$ 105.00	\$ 2.33	
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00	
BLOOD BANK	0	0	.00	.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00	
OTHER TRANS	0	0	.00	.00	.000	.00	.00	
OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00	
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00	
GENETIC DISEASE TESTING	1	1	105.00	105.00	.022	105.00	2.33	

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	.00	\$	.00	.00	\$
@XOVER EXCLUDING STATE HOSP**	0	0	\$	.00	\$	.00	.00	\$

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,813
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE		

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00	
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00	
@PHARMACY	0	0	\$	.00	\$	.000	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00	
SNF/ICF	0	0		.00	.00	.000	.00	.00	
OUTPATIENTS	0	0		.00	.00	.000	.00	.00	
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00	
@DENTIST	0	0	\$	.00	\$	.000	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00	
ORAL SURGERY	0	0		.00	.00	.000	.00	.00	
DRUGS	0	0		.00	.00	.000	.00	.00	
ANESTHESIA	0	0		.00	.00	.000	.00	.00	
PERIODONTICS	0	0		.00	.00	.000	.00	.00	
ENDODONTICS	0	0		.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00	
PROSTHETICS	0	0		.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002								PAGE 1,814
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 74 FOR FUTURE USE								

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00

@CHIROPRACTOR	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,815
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$	\$	.000	\$	\$
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$	\$	.000	\$	\$
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$	\$	.000	\$	\$
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$	\$	.000	\$	\$
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$	\$	.000	\$	\$
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	\$	.000	\$	\$
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

PAGE 1,816 01/17/03

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,817
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	15	44	\$ 1,920.37	\$ 43.64	2.750	\$ 128.02	\$ 120.02
@PHYSICIANS SERVICES	4	4	\$ 129.73	\$ 32.43	.250	\$ 32.43	\$ 8.11
OUTPATIENT VISITS	4	4	129.73	32.43	.250	32.43	8.11
OFFICE VISITS	1	1	18.10	18.10	.063	18.10	1.13
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	111.63	37.21	.188	37.21	6.98
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00

ASSISTANT SURGEON	0	0		.00		.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.000		.00	.00
DIALYSIS	0	0		.00		.000		.00	.00
PATHOLOGY	0	0		.00		.000		.00	.00
RADIOLOGY	0	0		.00		.000		.00	.00
PSYCHIATRY	0	0		.00		.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.000		.00	.00
@PHARMACY	12	24	\$	1,441.46	\$	60.06	1.500	\$	120.12 \$ 90.09
PRESCRIPTION DRUGS	10	20		1,158.82		57.94	1.250		115.88 72.43
SNF/ICF	0	0		.00		.00	.000		.00
OUTPATIENTS	10	20		1,158.82		57.94	1.250		115.88 72.43
MEDICAL SUPPLIES	4	4		282.64		70.66	.250		70.66 17.67
@DENTIST	2	13	\$	265.00	\$	20.38	.813	\$	132.50 \$ 16.56
VISITS - DIAGNOSTIC	1	12		65.00		5.42	.750		65.00 4.06
ORAL SURGERY	0	0		.00		.00	.000		.00
DRUGS	0	0		.00		.00	.000		.00
ANESTHESIA	0	0		.00		.00	.000		.00
PERIODONTICS	1	1		200.00		200.00	.063		200.00 12.50
ENDODONTICS	0	0		.00		.00	.000		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00
PROSTHETICS	0	0		.00		.00	.000		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,818
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	----- MONTHLY AVERAGE -----			
				AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2	3	\$ 84.18	\$ 28.06	.188	\$ 42.09	\$ 5.26
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	2	3	84.18	28.06	.188	42.09	5.26	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	1	2	31.63	15.82	.125	31.63	1.98	
RADIOLOGY	0	0	6.49	.00	.000	.00	.41	
ROOM USE	1	1	46.06	46.06	.063	46.06	2.88	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002							PAGE 1,819

MOP024
COLUSA COUNTY

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

01/17/03

16 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	----- MONTHLY AVERAGE ----- UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	3	\$ 84.18	\$ 28.06	.188	\$ 42.09	\$ 5.26
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	3	84.18	28.06	.188	42.09	5.26
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	31.63	15.82	.125	31.63	1.98
RADIOLOGY	0	0	6.49	.00	.000	.00	.41
ROOM USE	1	1	46.06	46.06	.063	46.06	2.88
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACIL.-DD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00

#CALIF DEPT OF HEALTH SERV
MOP024
COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC

AID CODES 6N

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16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	----- MONTHLY AVERAGE ----- UNITS/DAYS	COST PER	COST PER
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	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	\$.00	\$.00	.000	\$.00
DURABLE MED. EQUIP.	0		.00	.00	.000	.00
BLOOD BANK	0		.00	.00	.000	.00
HEARING AID DISPENSERS	0		.00	.00	.000	.00
MEDICAL TRANSPORTATION	0		.00	.00	.000	.00
AMBULANCES/AIR TRANS	0		.00	.00	.000	.00
OTHER TRANS	0		.00	.00	.000	.00
OTHER SERVICES	0		.00	.00	.000	.00
ACUPUNCTURE	0		.00	.00	.000	.00
ADULT DAY HEALTH CARE CTR	0		.00	.00	.000	.00
GENETIC DISEASE TESTING	0		.00	.00	.000	.00
IHMC,MODEL-NF,NF,AIDS,MSSP	0		.00	.00	.000	.00
OCCUPATIONAL THERAPIST	0		.00	.00	.000	.00
OPTICIAN	0		.00	.00	.000	.00
PHYSICAL THERAPIST	0		.00	.00	.000	.00
PORTABLE X-RAY	0		.00	.00	.000	.00
PROSTHETIST/ORTHOTISTS	0		.00	.00	.000	.00
PROSTHETICS	0		.00	.00	.000	.00
ORTHOTICS	0		.00	.00	.000	.00
PSYCHOLOGIST	0		.00	.00	.000	.00
SPEECH AND AUDIOLOGY	0		.00	.00	.000	.00
HOSPICE SERVICES	0		.00	.00	.000	.00
NONINST BIRTHING CENTERS	0		.00	.00	.000	.00
LOCAL EDUCATION AGENCIES	0		.00	.00	.000	.00
EPSDT SUPPLEMENTAL SERVICE	0		.00	.00	.000	.00
RESPIRATORY CARE PRACT.	0		.00	.00	.000	.00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00
ALL OTHER PROVIDERS	0		.00	.00	.000	.00
@CALIF. CHILDREN SERVICES*	1	\$	69.75	\$ 69.75	.063	\$ 69.75
@XOVER EXCLUDING STATE HOSP**	0	\$	.00	\$.00	.000	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,821
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

51,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	26,324	254,989	\$ 10,896,293.34	\$ 42.73	4.945	\$ 413.93	\$ 211.32
@PHYSICIANS SERVICES	6,345	16,661	\$ 774,786.37	\$ 46.50	.323	\$ 122.11	\$ 15.03
OUTPATIENT VISITS	3,377	4,535	167,981.41	37.04	.088	49.74	3.26
OFFICE VISITS	2,433	3,083	96,294.38	31.23	.060	39.58	1.87
HOME VISITS	15	21	911.70	43.41	.000	60.78	.02
EMERGENCY ROOM	258	298	15,799.95	53.02	.006	61.24	.31
PREVENTIVE CARE	2	2	90.66	45.33	.000	45.33	.00
OB VISITS/COMPRI PERI	288	453	38,934.75	85.95	.009	135.19	.76
OTHER OUTPATIENT	528	678	15,949.97	23.53	.013	30.21	.31
INPATIENT VISITS	384	1,189	72,704.87	61.15	.023	189.34	1.41
HOSPITAL VISITS	367	992	44,885.43	45.25	.019	122.30	.87
CRITICAL CARE	48	192	27,649.73	144.01	.004	576.04	.54
SNF/ICF/TRANS IP CARE	4	5	169.71	33.94	.000	42.43	.00
OPHTHALMOLOGICAL SERVICES	132	162	7,178.56	44.31	.003	54.38	.14
EXAMINATIONS	132	162	7,178.56	44.31	.003	54.38	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	342	1,094		257,148.00		235.05	.021	751.89	4.99
PRINCIPAL SURGEON	269	317		233,331.73		736.06	.006	867.40	4.53
ASSISTANT SURGEON	41	38		6,881.14		181.08	.001	167.83	.13
ANESTHESIOLOGIST	63	739		16,935.13		22.92	.014	268.81	.33
OUTPATIENT SURGERY	529	1,279		101,457.07		79.33	.025	191.79	1.97
PRINCIPAL SURGEON	467	670		85,633.74		127.81	.013	183.37	1.66
ASSISTANT SURGEON	8	8		1,253.14		156.64	.000	156.64	.02
ANESTHESIOLOGIST	88	601		14,570.19		24.24	.012	165.57	.28
DIALYSIS	15	140		3,740.98		26.72	.003	249.40	.07
PATHOLOGY	727	1,096		11,653.69		10.63	.021	16.03	.23
RADIOLOGY	1,013	1,545		58,374.02		37.78	.030	57.62	1.13
PSYCHIATRY	0	0		.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	99	394		8,757.93		22.23	.008	88.46	.17
OTHER SERVICES/ALL X-OVERS	1,720	5,227		85,789.84		16.41	.101	49.88	1.66
@PHARMACY	15,504	78,993	\$	3,169,005.39	\$	40.12	1.532	\$ 204.40	\$ 61.46
PRESCRIPTION DRUGS	15,253	46,670		3,070,388.01		65.79	.905	201.30	59.55
SNF/ICF	602	3,769		203,715.11		54.05	.073	338.40	3.95
OUTPATIENTS	14,667	42,901		2,866,672.90		66.82	.832	195.45	55.60
MEDICAL SUPPLIES	912	32,323		98,617.38		3.05	.627	108.13	1.91
@DENTIST	1,368	6,331	\$	260,012.48	\$	41.07	.123	\$ 190.07	\$ 5.04
VISITS - DIAGNOSTIC	904	3,734		54,884.45		14.70	.072	60.71	1.06
ORAL SURGERY	187	520		31,366.23		60.32	.010	167.73	.61
DRUGS	24	28		581.68		20.77	.001	24.24	.01
ANESTHESIA	32	32		3,200.00		100.00	.001	100.00	.06
PERIODONTICS	73	75		13,584.00		181.12	.001	186.08	.26
ENDODONTICS	81	236		25,401.50		107.63	.005	313.60	.49
RESTORATIVE DENTISTRY	435	1,399		91,476.75		65.39	.027	210.29	1.77
PROSTHETICS	9	9		200.00		22.22	.000	22.22	.00
DENTURES, STAYPLATES	57	127		24,713.50		194.59	.002	433.57	.48
SPACE MAINTAINERS	20	24		2,237.37		93.22	.000	111.87	.04
MAXILLOFACIAL SERVICES	7	10		292.00		29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000	1200.00	.02
ORTHODONTIC SERVICES	103	127		10,425.00		82.09	.002	101.21	.20
ALL OTHER SERVICES	9	9		450.00		50.00	.000	50.00	.01

#CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

PAGE 1,822 01/17/03

51,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	584	1,430	\$ 32,934.46	\$ 23.03	.028	\$ 56.39	\$.64
DIAGNOSTIC AND ANC. PROCED	340	342	15,850.28	46.35	.007	46.62	.31
EYE APPLIANCES	409	1,062	16,614.20	15.64	.021	40.62	.32
OTHER OPTOMETRIC SERVICES	18	26	469.98	18.08	.001	26.11	.01
@CHIROPRACTOR	13	19	\$ 317.68	\$ 16.72	.000	\$ 24.44	\$.01
VISITS	13	19	317.68	16.72	.000	24.44	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	225	284	\$ 4,364.94	\$ 15.37	.006	\$ 19.40	\$.08
MEDICINE/INJECTIONS	30	35	1,163.64	33.25	.001	38.79	.02
SURGERY/ANES.	5	7	389.82	55.69	.000	77.96	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	192	242	2,811.48	11.62	.005	14.64	.05
@HOME HEALTH AGENCY	182	1,421	\$ 65,961.78	\$ 46.42	.028	\$ 362.43	\$ 1.28
NURSE ANESTHESIST	101	529	\$ 9,843.28	\$ 18.61	.010	\$ 97.46	\$.19
NURSE MIDWIFE	12	19	\$ 6,242.05	\$ 328.53	.000	\$ 520.17	\$.12
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	2	3	\$	85.20	\$	28.40	.000	\$	42.60	\$	.00
@TOTAL HOSPITAL	6,478	29,838	\$	3,047,843.63	\$	102.15	.579	\$	470.49	\$	59.11
HOSP INPATIENT TOTAL	498	2,110		2,291,741.81		1086.13	.041		4601.89		44.45
HSC HOSPITALS	76	419		513,031.56		1224.42	.008		6750.42		9.95
NON-HSC HOSPITAL TOTAL	336	1,203		1,690,954.74		1405.61	.023		5032.60		32.79
ACCOMMODATIONS	333	1,203		452,744.05		376.35	.023		1359.59		8.78
ADMINISTRATIVE DAYS	2	10		2,003.47		200.35	.000		1001.74		.04
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	332	1,193		450,740.58		377.82	.023		1357.65		8.74
ANCILLARIES	336	0		1,238,210.69		.00	.000		3685.15		24.01
INPATIENT CROSSOVERS	92	488		87,755.51		179.83	.009		953.86		1.70
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,240	27,728		756,101.82		27.27	.538		121.17		14.66
MEDICAL	1,720	2,500		126,792.67		50.72	.048		73.72		2.46
SURGERY	352	464		30,573.73		65.89	.009		86.86		.59
PATHOLOGY	2,801	9,022		106,728.93		11.83	.175		38.10		2.07
RADIOLOGY	1,713	3,282		148,132.22		45.13	.064		86.48		2.87
ROOM USE	2,958	4,083		162,337.45		39.76	.079		54.88		3.15
CROSSOVERS/ALL OTH OUTPTNT	2,883	8,377		181,536.82		21.67	.162		62.97		3.52
@COUNTY HOSPITAL TOTAL	10	93	\$	66,832.99	\$	718.63	.002	\$	6683.30	\$	1.30
CO HOSPITAL INPATIENT TOTAL	3	49		65,317.89		1333.02	.001		21772.63		1.27
HSC HOSPITALS	3	49		65,317.89		1333.02	.001		21772.63		1.27
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	7	44		1,515.10		34.43	.001		216.44		.03
MEDICAL	2	10		560.08		56.01	.000		280.04		.01
SURGERY	0	0		116.40		.00	.000		.00		.00
PATHOLOGY	3	13		114.53		8.81	.000		38.18		.00
RADIOLOGY	1	1		24.02		24.02	.000		24.02		.00
ROOM USE	5	10		468.30		46.83	.000		93.66		.01
CROSSOVERS/ALL OTH OUTPTNT	5	10		231.77		23.18	.000		46.35		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002										PAGE 1,823
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED										

						----- MONTHLY AVERAGE -----			
51,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE		
@COMMUNITY HOSPITAL TOTAL	6,470	29,745	\$ 2,981,010.64	\$ 100.22	.577	\$ 460.74	\$ 57.81		
COMM HOSP INPATIENT TOTAL	496	2,061	2,226,423.92	1080.26	.040	4488.76	43.18		
HSC HOSPITALS	73	370	447,713.67	1210.04	.007	6133.06	8.68		
NON-HSC HOSPITALS TOTAL	336	1,203	1,690,954.74	1405.61	.023	5032.60	32.79		
ACCOMMODATIONS	333	1,203	452,744.05	376.35	.023	1359.59	8.78		
ADMINISTRATIVE DAYS	2	10	2,003.47	200.35	.000	1001.74	.04		
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00		
ALL OTHER ACCOM	332	1,193	450,740.58	377.82	.023	1357.65	8.74		
ANCILLARIES	336	0	1,238,210.69	.00	.000	3685.15	24.01		
INPATIENT CROSSOVERS	92	488	87,755.51	179.83	.009	953.86	1.70		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00		
COMM HOSP OUTPATIENT TOTAL	6,234	27,684	754,586.72	27.26	.537	121.04	14.63		
MEDICAL	1,718	2,490	126,232.59	50.70	.048	73.48	2.45		

SURGERY	352	464		30,457.33		65.64	.009	86.53	.59
PATHOLOGY	2,799	9,009		106,614.40		11.83	.175	38.09	2.07
RADIOLOGY	1,712	3,281		148,108.20		45.14	.064	86.51	2.87
ROOM USE	2,953	4,073		161,869.15		39.74	.079	54.82	3.14
CROSSOVERS/ALL OTH OUTPTNT	2,878	8,367		181,305.05		21.67	.162	63.00	3.52
@STATE HOSPITAL	12	362	\$	141,576.76	\$	391.10	.007	\$ 11798.06	\$ 2.75
MENTALLY ILL	0	0		.00		.00	.000	.00	.00
DEVELOP. DISABLED	12	362		141,576.76		391.10	.007	11798.06	2.75
@NURSING FACILITY	598	18,106	\$	1,761,529.83	\$	97.29	.351	\$ 2945.70	\$ 34.16
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00
LEV B-REHAB MD	49	1,486		134,278.24		90.36	.029	2740.37	2.60
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
LEV B-REGULAR	549	16,620		1,627,251.59		97.91	.322	2964.03	31.56
@INTERMEDIATE CARE FACIL.-DD	22	668	\$	90,641.32	\$	135.69	.013	\$ 4120.06	\$ 1.76
ICF DDH	12	364		54,297.88		149.17	.007	4524.82	1.05
ICF DD	10	304		36,343.44		119.55	.006	3634.34	.70
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00
@HEMODIALYSIS TOTAL	104	1,341	\$	80,288.34	\$	59.87	.026	\$ 772.00	\$ 1.56
HOSPITAL BASED	0	0		.00		.00	.000	.00	.00
HEMODIALYSIS CENTER	104	1,341		80,288.34		59.87	.026	772.00	1.56
@REHABILITATION FACILITY	9	26	\$	960.48	\$	36.94	.001	\$ 106.72	\$.02
HOSPITAL BASED	9	26		960.48		36.94	.001	106.72	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00
@LABORATORY FACILITY	1,757	4,503	\$	77,180.28	\$	17.14	.087	\$ 43.93	\$ 1.50
PATHOLOGY	1,745	4,487		77,057.96		17.17	.087	44.16	1.49
XO AND OTHERS	12	16		122.32		7.65	.000	10.19	.00
@ORGANIZED OUTPATIENT CLINIC	8,196	12,846	\$	986,198.22	\$	76.77	.249	\$ 120.33	\$ 19.13
CLINIC	229	565		25,054.24		44.34	.011	109.41	.49
SURGICENTER	51	295		11,298.91		38.30	.006	221.55	.22
HEROIN DETOX CLINIC	1	7		76.65		10.95	.000	76.65	.00

RURAL HEALTH CLINIC
 #CALIF DEPT OF HEALTH SERV
 MOP024
 COLUSA COUNTY

7,975 11,979 949,768.42 79.29 .232 119.09 18.42
 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002
 FEE-FOR-SERVICE/DENTAL
 SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

PAGE 1,824
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	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONTHLY AVERAGE UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
51,562 ELIGIBLES							
@ALL OTHER PROVIDERS	2,661	81,609	\$ 386,520.85	\$ 4.74	1.583	\$ 145.25	\$ 7.50
DURABLE MED. EQUIP.	186	429	69,506.76	162.02	.008	373.69	1.35
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	32	51	9,754.10	191.26	.001	304.82	.19
MEDICAL TRANSPORTATION	325	14,301	112,138.78	7.84	.277	345.04	2.17
AMBULANCES/AIR TRANS	172	3,160	44,216.32	13.99	.061	257.07	.86
OTHER TRANS	77	9,637	31,406.61	3.26	.187	407.88	.61
OTHER SERVICES	98	1,504	36,515.85	24.28	.029	372.61	.71
ACUPUNCTURE	2	3	70.28	23.43	.000	35.14	.00
ADULT DAY HEALTH CARE CTR	1	10	665.40	66.54	.000	665.40	.01
GENETIC DISEASE TESTING	189	189	15,437.00	81.68	.004	81.68	.30
IHMC,MODEL-NF,NF,AIDS,MSSP	6	45	3,003.35	66.74	.001	500.56	.06
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	525	1,191	14,811.45	12.44	.023	28.21	.29
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	1	2	3.09	1.55	.000	3.09	.00
PROSTHETIST/ORTHOTISTS	62	162	23,394.23	144.41	.003	377.33	.45
PROSTHETICS	62	161	23,305.54	144.75	.003	375.90	.45
ORTHOTICS	1	1	88.69	88.69	.000	88.69	.00
PSYCHOLOGIST	3	7	322.92	46.13	.000	107.64	.01
SPEECH AND AUDIOLOGY	57	173	13,030.83	75.32	.003	228.61	.25
HOSPICE SERVICES	3	40	6,371.32	159.28	.001	2123.77	.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	617	12,439	59,570.78	4.79	.241	96.55	1.16
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	743	52,566	58,351.87	1.11	1.019	78.54	1.13
@CALIF. CHILDREN SERVICES*	223	1,721	\$ 336,226.53	\$ 195.37	.033	\$ 1507.74	\$ 6.52
@XOVER EXCLUDING STATE HOSP**	2,687	20,399	\$ 328,709.87	\$ 16.11	.396	\$ 122.33	\$ 6.38

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.